ENERGY ASSISTANCE PROGRAM

FUEL ASSISTANCE COMPONENT

QUICK REFERENCE GUIDE

2005

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HELP

POLICY QUESTIONS

1. Research answer in the manual.
http://www.localagency.dss.state.va.us/divisions/bp/ea/ea_manual.pdf

2. Ask your Supervisor giving him/her any manual reference.

3. Try http://www.localagency.dss.state.va.us/divisions/bp/ea/faq.cgi

DATA ENTRY QUESTIONS

1. Research procedure in Quick Reference Guide.

2. Note all error message numbers and follow instructions for each.

NEW INFORMATION/QUESTIONS

1. Check FAQ, Helpful Hints, Broadcast system or e-mail.

2. **IF Unresolved...**
The agency contact person should call the Magic Help Desk @ 1-800-223-8846. Select Option 1 for an operator. You can also email them at dishelpdesk@dss.state.va.us. Be prepared with your policy or procedural question, case name and number, or system problem. If a system problem indicate which function used, error message and number in the top left corner of the screen.

BILLING QUESTIONS

Payments of Fuel Assistance bills are keyed at Central Office. Refer fuel vendors to the Vendor Coordinator in Richmond for resolution of billing problems.

>   Kristen Miles
>   kristen.miles@dss.virginia.gov
>   (804) 726-7373
>   FAX # (804) 726-7358

VENDOR AGREEMENT QUESTIONS

Questions regarding terms of the vendor agreement should be referred to Kristen Miles at (804) 726-7373 or emailed to kristen.miles@dss.virginia.gov.

A copy of the vendor agreement can be found at:
http://www.localagency.dss.state.va.us/divisions/bp/ea/forms.html

PROGRAM CONTACTS

A Program Consultant is assigned to each locality. Please use the MAGIC Helpdesk at 1-800-223-8846 or email questions at dishelpdesk@dss.state.va.us to submit your questions to your Program Consultant. Using MAGIC will allow questions to be answered even in the absence of your assigned Consultant. Please allow three (3) working days for a response to your question.

ACRONYMS

ADAPT	Application Benefit Delivery Automation Project	IEVS	Income Eligibility Verification System
AG	Auxiliary Grant	LDSS	Local Department of Social Services
BD	Benefit Determination	LIHEAP	Low-Income Home Energy Assistance Program
BP	Benefit Programs	LP	Liquid Propane (bottled gas)
CA	Credit Authorization	LWA	Local Welfare Agency
CAP	Community Action Program	LWAP	Local Weatherization Agency Project
CID	Case Input Document	MAX	Maximum
CRISIS	Crisis Assistance Component	PA	Public Assistance
DOB	Date of Birth	QRG	Quick Reference Guide
EAP	Energy Assistance Program	SDX	State Data Exchange
ED	Eligibility Determination	SEW	Senior Eligibility Worker
ESP	Employment Services Program	SSA	Social Security Administration
EW	Eligibility Worker	SSI	Supplemental Security Income
FA	Fuel Assistance Component	SVES	State Verification Exchange System
FC	Foster Care	TANF	Temporary Assistance to Needy Families
FIPS	Agency locality code	TD	Turnaround Document
FS	Food Stamps	VACIS	Virginia Client Information System
GR	General Relief	VDSS	Virginia Department of Social Services
HH	Household	VIEW	Virginia Initiative for Employment Not Welfare
HO	Home Office	WAP	Weatherization Assistance Program

AGENCY USE ONLY:				
Locality/FIPS_____	Case #_____	ADAPT #_____	Date Application Received_____	Worker #_____

FUEL ASSISTANCE APPLICATION *accepted the 2nd Tuesday in October through 2nd Friday in November*

PLEASE ANSWER ALL QUESTIONS COMPLETELY   **In what city or county do you live?** _____

Name_____ SEX:__**M**__**F** Are you Hispanic or Latino? ____**YES** ____**NO**
       Last   First   Middle Initial

Race (**Circle One**)   **1**. White   **2.** Black or African American   **3.** American Indian or Alaskan Native   **4.** Asian   **5.** Native Hawaiian or other Pacific Islander   **0.** Other

Service Address_____City/State_____Zip_____ Day Phone: _____

Mailing Address _____City/State_____Zip_____ Home Phone:_____

Directions to home _____Email Address_____

1. Check either yes or no to answer each of the following questions.
A. I received Fuel, Crisis or Cooling Assistance in the past 12 months. ___YES ___NO   **B.** I pay to heat my home.   ___YES ___NO
C. Oil, kerosene, gas, coal, or wood is delivered to my home.   ___YES ___NO   **D. Did you relocate to Virginia due to a natural disaster?** ___YES ___NO

2. Circle the letter that best describes your present living situation**. Read each one** before you choose**. CIRCLE ONLY ONE.**
A. I own or am buying my home and **pay all heating bills**.   **G.** I live in Section 8 housing, HUD, subsidized housing, & **regularly pay some or all of my heating bills**.
B. I own or rent my home and do not pay a heating bill.   **I.** I live in one room in someone else's house.
C. I pay rent and also **pay for heat separately.**   **L.** I live in an institution, group home, treatment center or home for adults.
E. I pay rent & my **heat is included in the rent** payment.   **P.** I live rent-free in more than one room, house or apartment and **pay for heat**.
F. I live in subsidized housing, Section 8, HUD and **occasionally pay**   **Q**. I live in an emergency shelter.
    excess usage charges.

3. Are all people in your household United States citizens?   ___YES ___NO   If no, who?_____

4. Is anyone in your household disabled?   ___YES ___NO   If yes, who?_____

5. *How many people live in your household?* [#_____]
                    List yourself first and every person living in the home.   **Complete information for each person.**

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		INCOME AMOUNT	INCOME PAID weekly, biweekly, monthly	LIST ALL SOURCES OF INCOME Employer for earned income, Self-employed, Social Security, SSI, VA benefit, Child Support, etc.
				Y	N			
	Self							

032-03-650 (10/05)   **Page 1 of 2**   **Please Turn Over**
3

6. Circle ALL types of household income: **A.** TANF   **B.** Social Security   **C.** SSI   **D.** Unemployment   **E.** Employment or Self-employed   **G.** General Relief

   H. VA Benefits   **N.** Worker's Compensation   **Q.** Support or Alimony   **U.** Rental Income   **W.** Retirement   Other:specify_____

7. Do you receive a check from the Division of Child Support Enforcement? ___YES ____NO How much? _____ Who pays the child support? _____

8. Does any household member receive Food Stamps?   ___YES ___NO If yes, case name_____

9. Does anyone pay for Medicare Part B insurance?   ___YES ___NO If yes, who? _____ How much? $_____

10. Does any household member receive Medicaid?   ___YES ___NO If yes, case name_____

11. Is Medicaid Home & Community-Based Care received?   ___YES ___NO If yes, by whom? _____ Patient pay amount is $_____

12. CIRCLE equipment used most frequently to heat your home. **CIRCLE ONLY ONE.**

   A. Furnace   **B.** Radiator   **C.** Portable Heater   **D.** Vented Space Heater (heater with outside exhaust or Monitor system)

   E. Baseboard   **F.** Heat Pump   **G.** Fireplace   **H.** Coal or Wood Stove   **J.** Cook stove   **K.** None   **L.** Unknown

13. Circle the fuel used most frequently to heat your home. **CIRCLE ONLY ONE.**

   1. Electricity   **2.** Natural Gas   **3.** Oil (#2)   **4.** Clear Kerosene   **5.** Coal   **6.** Wood   **7.** Liquid Propane(LP)/Bottled Gas   **0**. Red Kerosene

   What size is your fuel tank?   _____ gallons

14. Name and address of the company used for home heating. _____

Verification from the utility company is needed if you heat with electricity or natural gas. **Attach a copy of your current electric or gas bill.** A Fuel Assistance payment can only
   be made if you owe a balance on your electric or natural gas bill. Complete the following:

   In whose name is the bill? _____   Account Number_____

   Who is responsible for paying the bill? _____

FUEL ASSISTANCE APPLICATION DATES*:   Applications are accepted from the second Tuesday in October through the second Friday in November*

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local department of social services has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtained assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud; subject to imprisonment of up to 20 years and further prosecuted under other Federal and State laws. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the Department of Social Services may use information on this application or that I may be contacted for the purposes of research, evaluation and analysis to the extent allowed by state and federal law. My signature authorizes the Department of Social Services to obtain any verification needed to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have or may request assistance. If your application is approved your Approval Notice will be mailed in late December.

Applicant Signature or Mark and Witness_____ Date_____
Completed on behalf of applicant by: ______ Date_____

FUEL ASSISTANCE WORKSHEET/EVALUATION

Case Name: _____ Case #: _____

PART I   - NONFINANCIAL

Is the application complete and signed?   YES

       NO

Is the household in an eligible living arrangement

(Codes A, C, E, G, or P)?   YES   NO

re all household members U.S. citizens?   YES

       NO

Is there a household member age 60 or over? YES

       NO

Is there a verified disabled household member?   YES

       NO

       How verified? _____

Is there a child under age 6?   YES

       NO

       No medical deduction for child under age 6.

Does the household have a heating expense?   YES   NO

ELIGIBLE PEOPLE IN HOUSEHOLD _____

       _____ - # People age 60 and over

+ _____ - # Disabled people

= _____ - # People eligible for medical
                deduction

PART II – FINANCIAL

INCOME WORKSHEET

Countable Unearned $ _____

Profit from Self-Employment + _____

Countable Earned   + _____

Minus
Medicare Part B Premium   - _____

Patient Pay   - _____

DO NOT SUBTRACT
$25 MEDICAL DEDUCTION

Countable Gross Income $ _____

INCOME VERIFICATION
Count income received month prior to month of application

Date Whose Received	Amount	Gross of Verification	Date and Method Income
_____	$ _____	_____	_____
_____	$ _____	_____	_____
_____	$ _____	_____	_____
_____	$ _____	_____	_____
_____	$ _____	_____	_____
_____	$ _____	_____	_____
	$		

COMMENTS:

_____ Process for eligibility determination   _____Local agency denial

Date Application Received _____   Worker Name _____

Date Application Reviewed _____   Worker Number _____

Date Supervisor Reviewed _____   Supervisor Name _____

032-03-652 (10/03)

Fuel Assistance Worksheet

The worksheet must be completed for every application.

Part I – Non Financial

Answer each question.

If any household member is not a US Citizen, determine whether to include in household size and whether to count income.

If there is no heating expense household is not eligible.

Determine number of household members eligible for medical deduction.

Part II -- Financial

All income documentation must be entered in this section.

No Medicare Part B premium indicated on application = no deduction

Medicare Part B premium declared = deduction from countable income

FORMS

Forms can be found at http://www.localagency.dss.state.va.us/divisions/bp/ea/forms.cgi or
in the forms warehouse at http://www.localagency.dss.state.va.us/divisions/dgs/warehouse.cgi

PAPER REPORTS

FAP-01R-1 - FUEL APPLICATION – "B" LISTING - An alpha listing of all clients/cases in database for a specific locality. The list is generated prior to the start of the Fuel Component. An asterisk (*) is beside each case to which an application was mailed. An equal (=) sign is beside each case that was automatically approved and to whom an Approval Letter was sent. This list can be used to respond to client inquiry regarding whether or not an application was mailed or the case was pre-approved

FAP-08R-1, A bi-weekly alpha report containing case #, Worker I.D., application date, max benefit amount, disposition date and status, amount paid to date, and remaining benefit. Use as a monitoring tool for agency workers and client inquiry.

SYSTEM GENERATED REPORTS

Listed below are reports that can be either viewed or printed at the local agency. Reports are updated daily should be checked daily. Instruction on inquiring on these reports can be found in the Fuel System Inquiries module found on the Energy Assistance web training site.

LOC MASTER	Encumbrances and expenditures by program component are provided. Enter a locality FIPS code for local statistics or 990 for statewide statistics.
RETURNED CHECKS	Lists returned or undeliverable client checks. Action must be taken within 5 days to reissue or cancel.
APPROVED VENDORS	A list of all vendors for a locality and the type of service provided by the vendor.
UNPAID FUEL	Available from February 15 until program closure. Provides, optionally by worker, agency or vendor # an alpha listing updated daily of approved Fuel cases for which no payment has been made. Worker #, case name, case #, vendor # and the unpaid benefit amount are displayed. This report is used to detect a need to issue a credit authorization to the correct vendor.
FUEL PENDING	Provides, optionally by worker or agency, an alpha listing updated daily of all pending fuel applications. Worker # case name, case #, application date, fuel type and # of days pending is displayed.
EQUIPMENT DENIALS	Provides list of denied Fuel applications and closed cases due to ineligible equipment type codes. Review list to determine accuracy of coding or need for Crisis application. Case action will be reflected in updated listing which provides case number, denial or closure, original disposition date, heating equipment type, vulnerable status (age 60 and over, disabled, under 6 years of age), last fuel disposition & disposition date, last Crisis disposition, last Crisis disposition date, client's last name, and locality FIPS
FUEL/CRISIS EFFECTIVENESS REPORT	Statewide and local case count and expenditure statistics for the previous season used for reporting to General Assembly. The number of cases needing assistance from other programs and select denial reasons are shown to provide an idea of unmet needs.

VENDOR LIST - ACCESSING AND READING

Note: Dual localities should **highlight the locality FIPS** code at the top of the page to avoid confusion.

Click *Energy Assistance Inquiry* on the TUMS menu.

Tab down to *Reports Menu* and press enter

Tab down to *Approved Vendors* and press enter.

Press the *F7* key to print your list

The following fields are displayed across the page:

Vendor #   A six digit number beginning with 100 has been assigned to each vendor.

Services & Fuel   *Fuel types* provided by the vendor are identified by code for the fuel component to the **right** of the field.

0 = Red Kerosene   4 = Clear Kerosene
1 = Electricity   5 = Coal
2 = Natural Gas   6 = Wood
3 = Fuel Oil   7 = Liquid Propane (LP)/Bottled Gas

Vendor Name   Company name, city of location and the telephone number are shown.

INPUT DOCUMENTS

It is not necessary to use an Input document to record data to be entered into the system. If an Input document is used a clean document with no preprinted information is preferable for the initial entry of data. There are three types of input documents.

A **blank document** can be found:
 http://www.localagency.dss.state.va.us/divisions/bp/files/ea/forms/General_Energy_Assistance/032-03-080.pdf

"B" document = a computer generated document containing preprinted information taken from the Food Stamp database or from the Energy Assistance database based on matchable demographic data. Caution must be exercised when using a "B" document to activate this year's applications. All pre-approved fuel assistance cases will receive B Documents with A1 in disposition code field.

Turnaround Document (TD) = a computer generated document containing information from a previous component. Caution must be exercised when using a TD to activate this year's applications. It could cause incorrect data to be used if not corrected and updated with current information.

A turnaround document (TD) is optionally printed in the agency as a result of pending an application or when a change is entered in the system. The TD is printed when PID # is entered on the menu prior to entering/updating data. If a TD is not desired 999 must be entered in lieu of PID #.

ERRORS MESSAGE & CORRECTIONS

Error messages result from incorrectly keyed information. Messages consist of a 3 digit numeric code and some have an alpha character, eg. 502A. The alpha character helps Data Systems identify the area in which the error has occurred in the system.   To resolve an error read the message carefully and correctly re-key the element in which the error has occurred.   If changing the information keyed in the element in question does not resolve your problem, print a copy of the screen showing the error message(s) or press Alt and Print Screen buttons simultaneously and paste screen copy into an email and send to your Program Consultant. Please contact the MAGIC Helpdesk with the above information including the case name, case number, error message and attempted transaction.

Error correction and change requests are accomplished by submission of the Action Request Form or calling or emailing in a MAGIC Helpdesk ticket.. The Action Request Form is a generic form to request several different actions to be taken by your Energy Assistance Consultant. Complete the appropriate section completely and forward this form by fax (804) 726-7358 or pouch to your Energy Consultant.

The action request form is located at:

http://www.localagency.dss.state.va.us/divisions/bp/files/ea/forms/General_Energy_Assistance/032-03-639.pdf

Commonwealth of Virginia,
Department of Social Services
Energy Assistance Program

ACTION REQUEST FORM

FROM: Locality/FIPS _____   LDSS Worker _____   LDSS Worker's Email _____   Telephone Number _____

Supervisor Name _____   Telephone Number _____   Date Prepared and Sent _____

The change indicated below is needed in the ☐ Fuel, ☐ Crisis, ☐ Cooling component of the following case:

Case Name _____Case # _____

I. DIRECT PAY NEEDED

Indicate Change Reason:

_____   (A) Renter with heat/cooling included   _____   (E) Unique vendor, no contract exists

_____   (B) No vendor contract for fuel type   _____   (F) Central Office decision or appeal (Contact will advise)

_____   (C) Fuel storage tank under 100 gallons   _____   (G) Island pump purchases of oil/kerosene

_____   (D) Primary fuel type coal or wood

Change fuel type from _____ to _____ _____   Change equipment type from _____ to _____ _____
Is this an agency error? _____

Explain why change needed.

II. REMOVE WARRANTY OR SECURITY DEPOSIT

WARRANTY - Date currently in system? _____   SECURITY DEPOSIT - Original Date _____

Vendor # _____   Which type? (Select one) (1) ☐ Electric (2) ☐ Nat. Gas (7) ☐ LP gas

REASON:

Include copy of original equipment warranty whenever possible

Home Office Use Only:
EAP Consultant's Signature: _____   Data Entry Date: _____   Disposition: _____

Fax this form to your Program Consultant at 804-726-7358

032-03-639/3 (05/05)

Trouble shooting

Data Entry Date: _____   Disposition: _____

Trouble shooting

PROBLEM	**ACTION**

DIRECT PAYMENTS

Check not received	Check payment history screen to confirm it was issued. Follow procedures in Chapter E 5.
Name on check incorrect	Follow the cancelled check procedure in Chapter E 6. Change name in system. Request re-issuance through your Program Consultant.

INCORRECT PAYMENT

Living arrangement Incorrect	Agency error. Repay overpayment to State. Pay underpayments to customer or vendor (Chapter E 4)
Living arrangement Incorrect	Customer error. Collect overpayment from the customer. Underpayments are not corrected (Chapter E 4)

Trouble shooting

PROBLEM	**ACTION**

SYSTEM

Case number incorrect	See Chapter E, App. A
Social Security number incorrect	Do not activate case. Complete Action Request Form and send to EAP Consultant or call/email the MAGIC Helpdesk. Wait for response.

VENDOR

Vendor number incorrect	Obtain incorrect CA and make change in the system.
Unpaid fuel utility benefit	Have customer confirm acct. # with vendor.
Utility account number incorrect	Change account # in the system.
Change to Direct pay	Complete Action Request Form and send to EAP Consultant or call/email the MAGIC Helpdesk.
No CA received by vendor	Check CA Inquiry for date generated; if more than a week ago call (804) 726-7358 for reissue.

DISPOSITION CODES

COMPUTER GENERATED

P1 = Pending

Codes resulting from "ED" (eligibility determination)

A1 = Approved
R1 = Reopen in new locality
R4 = Reopen in same locality

Denials

D1 = Income exceeds maximum income level
D3 = Ineligible living arrangement
D4 = No heating expense
D5 = Ineligible alien status

Closures

C1 = Income exceeds maximum level
C3 = Ineligible living arrangement
C4 = No heating expense
C5 = Ineligible alien status

LOCALLY ENTERED

Denials

DI = Failed to provide income verification
DJ = Member of another household
DP = Moved or Unable to locate applicant
DQ =-Not responsible for cooling bills or equipment
DR = Applicant's request
DT = Application received after deadline
DU = Death of only eligible household member
DV = Not a resident of this locality
DW = Application already on file with different case #
DY = Failed to provide non-financial verification

Closures

CI = Failed to provide income verification
CJ = Member of another household
CP = Moved or unable to locate
CR = Applicant's request
CT = Application received after deadline
CU = Death of only eligible household member
CV = Not a resident of this locality
CW = Application already on file with different case #
CY = Failed to provide non-financial verification

CHANGING DISPOSITION CODES

P1 = System generated on initial entry; can be changed to ED for resulting A1 or R4 code. Also, can be changed to DI – DY for local denial.

ED= Eligibility Determination; results in an A1, C0 – C5, D1 – D5, or R4 disposition code

A1= Approved; can be changed to ED for resulting A1 code or to CI to CY to deny or close the case.

D = Denied; any denial code can be changed to ED or P1 or to a local denial code of DI – DY.

C = Closed; any closure codes can be changed to P1, ED for resulting R1 or R4 or to CI – CY.

R1= Reopen in new locality; can be changed to ED for resulting R1 code or to CI to CY to deny or close the case

R4= Reopen in same locality; can be changed to ED for resulting R4 code or to CI to CY to deny or close the case.

NOTE: A CASE IN "C" STATUS CAN ONLY BE CHANGED TO ANOTHER "C" CODE.

LOCAL DISPOSITION CODE CLIENT NOTICE MESSAGES

Denial code and closure code second character is identical. Be sure to pick the code that best reflects the appropriate message for the case situation. Also determine appropriate use of closure or denial code from the changing disposition code section of this guide.

DI or CI = Failed to provide income verification
Your application for fuel assistance was denied for failure to provide income verification of all persons in the home.

DJ or CJ = Member of another household
Your application for fuel assistance was denied. You are considered a member of another eligible household.

DP or CP = Unable to locate applicant
Your application for fuel assistance has been denied. You have either moved from this locality or into someone else's home, or we have been unable to contact you.

DQ or CQ = Not responsible for heating bills or equipment
Your application for fuel assistance has been denied. You have not provided proof that you are responsible for heating your home.

DR or CR = Applicant's request
Your application for fuel assistance has been denied. You or a household member requested withdrawal of the application. If this information is incorrect, please contact the agency immediately.

DT or CT = Application received after program deadline
Your application for fuel assistance has been denied. This is a seasonal Program and the application period has ended. Your application was received after the Program application period ended.

DU or CU = Death of only eligible HH member
The application for fuel assistance has been denied. A program eligible household member no longer resides in the home. Contact us if this information is incorrect.

DV or CV = Not a resident of this locality
Your application for fuel assistance has been denied because you do not live in this locality. Please apply prior to the application deadline in the locality where you reside.

DW or CW = Application already on file **(THIS IS ONLY USED IF YOU RECEIVE A SECOND APPLICATION WITH A DIFFERENT CASE NUMBER)**
Your application for fuel assistance has been denied. An application was previously received and approved for assistance. An additional application is not necessary.

DY or CY = Failed to provide non-financial verification.
Your application for fuel assistance has been denied for failure to provide requested verifications. Please contact the local agency and provide the requested verification for possible re-evaluation of your situation.

FUEL ASSISTANCE TRANSACTIONS

The following pages provide guidance on processing applications for Fuel Assistance.

Completion of an Input Document is not necessary. Data can be keyed directly from the application form.

Instruction on the necessary data to be entered on a screen to accomplish a transaction on an application for Fuel Assistance or to make changes to an active case is also provided.

Use function key **F4** to access the Fuel screen.

Only use function key **F1** or **F8** when you have completed a transaction.

Function key **F10** voids the transaction and allows you to start the transaction over.

```
                              INQUIRY
         CASE NUMBER
                         -  CASE/CLIENT
                         -  CRISIS PAYMENT INQUIRY --------------->        (YEAR)
                         -  MATRIX POINTS   (BLANK IF NO CASE NUMBER)
                         -  PAYMENT HISTORY
                         -  CREDIT AUTHORIZATION/ENROLLMENT LETTER INQUIRY
                         -  CLIENT SOCIAL SECURITY NUMBER SEARCH
    LAST                     FIRST              MID INIT     -   CLIENT NAME SEARCH


                              UPDATE                        PID# FOR TD PRINT
                         -  ADD OR CHANGE A CASE/CLIENT
                         -  FUEL DENY A CASE/CLIENT
                         -  CRISIS DENY A CASE/CLIENT
          007008798000   -  PEND A FUEL CASE                       999
                         -  PEND A CRISIS CASE
                         -  PRINT TD            TERMINAL TO PRINT:

    NOTE: YOU ARE SIGNED ON TEST FOR FIPS 990 - CENTRAL OFFICE         PID: 64145

 1M-Menu  2        3        4        5        6        7        8        9        10SgnOf
```

PENDING AN APPLICATION

Enter the case number of a new or existing case/application under PENDING and enter the PID to print a Turnaround document. If no TD is wanted then enter 999, the field will zero fill.

TRANSMIT to complete required information for pending the application.

```
EAP231                 ENERGY ASSISTANCE PROGRAM - PENDING              09/22/03
PRES LOC: 760              CASE#: 760133096005            WKR: f2oo

== PART 1 = CLIENT DATA ========================================================
CLIENT LAST: wood              FIRST: burning          MIDDLE: hot
SERVICE ADDR: 0004 Cold boulevard          MAIL ADDR: po box 22
CITY: RICHMOND        ST: VA    ZIP-CODE: 23224-        PHONE: (804)111-2223
SSN : 001020034   SEX: M  RACE: 1   ETHNIC: n          SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA =====================================================
LIVING ARRANGE:         CITIZEN:        60/OVER:
DISABLED:      UNDER6:        # IN HH:        PRIMARY FUEL:      EQUIP TYPE:
MO INCOME: $0000000     INC TYPES:
PA?:        MEDICAL:        MATRIX POINTS:
== PART 3 = FUEL DATA ==========================================================
FUEL APPLICATION DATE: 10/14/2003   DISPOSITION DATE: 09/22/03   DISP CODE: P1
                                    NEXT CASE:
  520 USE FUNCTION KEYS TO SELECT NEXT ACTIVITY, NOT THE TRANSMIT KEY



 1M-Menu 2C-Menu 3        4        5        6        7        8Next   9        10Rstar
```

PENDING NEW FUEL APPLICATIONS – Not known to the system

Complete the following:

Worker ID

PART 1 – CLIENT DATA

Applicant legal name, no nicknames
Service Address or delivery address: **Do not punctuate. Enter house number, street name and Apt #**
Mailing address: Re-enter the service address if the same, otherwise enter P O Box General Delivery, RFD, etc).
Day Phone #.

Social Security # of applicant
Male or Female or Unknown
Race: Enter one: **1** = White, **2** = Black, **3** = Am. Indian/Alaskan Native
                4 = Asian, **5** = Native Hawaiian or Pacific Islander;   **0** = Other
Ethnicity: Enter **1** or **Y** for Hispanic/Latino or **2** or N for not Hispanic/Latino

Spouse Social Security #, if known

PART 4 – FUEL DATA

Fuel application date.

17

```
EAP231                 ENERGY ASSISTANCE PROGRAM - PENDING              09/22/03
PRES LOC: 760                 CASE#: 760133096005            WKR: G998

== PART 1 = CLIENT DATA ========================================================
CLIENT LAST: COLD                FIRST: WEE               MIDDLE: BEE
SERVICE ADDR: 1122 WINDY CIRCLE          MAIL ADDR: GENERAL DELIVERY
CITY: RICH              ST: VA    ZIP-CODE: 23224-        PHONE: (703)213-4567
SSN : 226087318   SEX: M   RACE: 2   ETHNIC: N       SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA =====================================================
LIVING ARRANGE: A    CITIZEN: A    60/OVER: N
DISABLED: Y    UNDER6: N    # IN HH: 02    PRIMARY FUEL: 1    EQUIP TYPE: E
MO INCOME: $00000.00    INC TYPES: FB
PA?: Y    MEDICAL: 00    MATRIX POINTS:
== PART 3 = FUEL DATA ==========================================================
FUEL APPLICATION DATE: 10/14/2003    DISPOSITION DATE: 09/22/03   DISP CODE: P1
                                        NEXT CASE:




 1M-Menu 2C-Menu 3         4         5         6         7         8Next   9         10Rstart
```

Complete only the worker number and the Fuel Application date under Fuel Data. The information previously entered in the system will populate the screen. This information may need to be changed prior to determining eligibility.

TURNAROUND DOCUMENTS

```
EAP205              ENERGY ASSISTANCE SYSTEM -- CASE/CLIENT MENU         09/22/03
MON                                                                      16:02:16
                               INQUIRY
        CASE NUMBER
                          - CASE/CLIENT
                          - CRISIS PAYMENT INQUIRY --------------->       (YEAR)
                          - MATRIX POINTS   (BLANK IF NO CASE NUMBER)
                          - PAYMENT HISTORY
                          - CREDIT AUTHORIZATION/ENROLLMENT LETTER INQUIRY
                          - CLIENT SOCIAL SECURITY NUMBER SEARCH
        LAST              FIRST              MID INIT    -  CLIENT NAME SEARCH

                               UPDATE                    PID# FOR TD PRINT
        760133096005      - ADD OR CHANGE A CASE/CLIENT           000999
                          - FUEL DENY A CASE/CLIENT               000999
                          - CRISIS DENY A CASE/CLIENT             000999
                          - PEND A FUEL CASE                      000999
                          - PEND A CRISIS CASE
                          - PRINT TD              TERMINAL TO PRINT:

    NOTE: YOU ARE SIGNED ON TEST FOR FIPS 760 - RICHMOND            PID: 64145

1M-Menu 2        3        4        5        6        7        8        9      10SgnOff
```

UPDATING THE SYSTEM

An application can be pended, approved or denied at initial entry. Enter the case number of a pended, new or existing case/application under UPDATE and enter the PID to print a Turnaround document. If no TD is wanted then enter 999, the field will zero fill. **TRANSMIT.**

EAP213   CLIENT ADD/CHANGE   ACTIVE IN CLIENT MASTER FILE   09/22/0
MON   16:04:2
PRES LOC: 760   CASE#: 760133096005   WKR: G998
== PART 1 = CLIENT DATA ===
CLIENT LAST: COLD   FIRST: WEE   MIDDLE: BEE
SERVICE ADDR:1122 WINDY CIRCLE   MAIL ADDR:GENERAL DELIVERY
CITY: RICH   ST: VA   ZIP-CODE: 23224   PHONE: (703)213-4567
SSN : 226087318 SEX: M RACE: 2 ETHNIC: 2   SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA ==
LIVING ARRANGE: A CITIZEN: A 60/OVER : N DISABLED : Y
UNDER AGE 6: N # IN HH: 02 PRIM FUEL: 1 EQUIP TYPE: E MO INC: $00950.00
INC TYPES: FB   COUNTABLE INC:$00925.00   PA?: Y
MEDICAL DED: 01 ENERGY BURDEN: 041% MATRIX POINTS:

                                          NEXT CASE #

1M-Menu 2C-Menu 3   4Fuel 5Crisis 6   7   8Next 9   10Rsta

EAP215   FUEL ADD/CHANGE   ACTIVE IN CLIENT MASTER FILE
PRES LOC: 760   CASE#: 760133096005   WKR: G998   09/22/03
                                                               16:08:09
== PART 3 = FUEL ASSISTANCE ===
FUEL APPL DATE: 09/22/2003   DISP DATE: 09/22/03   DISP CODE: ED
ORIGINAL BENEFIT: $0000.00   FUEL TYPE: 1
VENDOR#: 100392   PAY IND: ACCT#: 123456789
ACCT LAST NAME: COLD   FIRST: WEE   M-INIT: B

---PAYMENT SUMMARY------------
                PAID: $0000.00
           TO BE PAID: $0000.00
                                          NEXT CASE #

1M-Menu 2C-Menu 3   4   5Crisis 6   7   8Next 9   10Rstart

DETERMINING ELIGIBILITY

Client Data was entered when case was pended.

PART 2 - HOUSEHOLD DATA to be entered:

Prim Fuel: Enter the appropriate code:

0 = Red Kerosene	4 = Clear Kerosene
1 = Electricity	5 = Coal
2 = Nat Gas	6 = Wood
3 = Fuel Oil	7 = L P Gas

PA? Enter Y or N for a TANF, Food Stamps, Medicaid, GR or SSI Case.
Medical Ded: (00 - 10); count once each aged or disabled in household.

Living Arrange: Enter appropriate code from application:

A = Homeowner, pays fuel bills	I = Roomer
B = Homeowner/renter no fuel bills	L = Lives in an ineligible facility or institution
C = Renter pays fuel bills	
E = Renter, fuel included in rent	P = Lives rent free in more than one room pays fuel bills
F = Renter pays excess usage charges	
G = Subsidized renter pays some fuel bills	Q = Temporarily lives in an emergency shelter

Citizen: Enter one of the following:
  A = HH members US citizens   B = HH contains eligible aliens
  C = HH has one or more ineligible aliens   D = HH of all ineligible aliens
60/over: Enter Y or N, **Disabled**: Enter Y or N, **Under Age 6**: Enter Y or N

 # in HH – enter 2 digit numbers, 01, 02, etc.
MO INC: enter gross amount using leading zeros.
Enter ALL appropriate codes. NOTE: Codes K and M are only used with F.

A = TANF	M =None
B = SSA	N = Worker's Comp.
C = SSI	O = Other earned income
D = Unemployment	P = Ins. Benefits, multiple pmt.
E = Earned	Q = Contributions/ Support/Alimony
F = Food Stamps	S = Installment Contract
G = GR	T = Monetary Gift
H = VA Benefits	U = Rental Income
I = VA Aid & Attendance	V = Educational Benefits
J = Comm Based Care (CBC)	W = Other Retirement/Disability
K = All SSI recipients	X = Other Unearned Income
L = Lottery	Y = Other PA Benefits

Hit Function Key F4 to go to PART 3 – FUEL

Appl. Date: Enter date if case not pended.
Disp. Code: Enter ED to determine eligibility of the case.
Vendor: Use Fuel vendor list for locality.
Acct # & Acct Name: Last Name, First & M. Init: Required for Fuel Types 1 & 2.
Transmit using F1 or F8.

20

```
EAP215              FUEL ADD/CHANGE        ACTIVE IN CLIENT MASTER FILE

PRES LOC: 760            CASE#: 760133096005       WKR: G998       09/22/03
                                                                   17:35:23
== PART 3 = FUEL ASSISTANCE ================================================
FUEL APPL DATE: 09/22/2003    DISP DATE: 09/22/03    DISP CODE: ED
ORIGINAL BENEFIT: $0000.00    FUEL TYPE: 3
VENDOR#: 999999    PAY IND: C    ACCT#:
ACCT LAST NAME:                   FIRST:              M-INIT:


---PAYMENT SUMMARY------------
                  PAID: $0000.00
            TO BE PAID: $0000.00

                                           NEXT CASE #



 1M-Menu 2C-Menu 3        4      5Crisis 6        7        8Next  9      10Rstart
```

DIRECT PAY SET UP

Hit Function Key F4 to go to PART 3 – FUEL

Appl. Date: Enter date if case not pended**.**
Disp. Code: Enter ED to determine eligibility of the case.
Vendor: Enter 999999

Pay Ind: Select
A = Renter with heat included
B = No vendor contract for fuel type
C = Fuel storage tank under 100 gallons

D = Primary fuel type coal or wood
E = Unique vendor, no contract exists
G = Island pump oil/kerosene

TRANSMIT using F8 or F1.

```
EAP205            ENERGY ASSISTANCE SYSTEM -- CASE/CLIENT MENU      09/23/03
TUE                                                                 08:40:29
              CASE NUMBER          INQUIRY
                           - CASE/CLIENT
                           - CRISIS PAYMENT INQUIRY --------------->    (YEAR)
                           - MATRIX POINTS   (BLANK IF NO CASE NUMBER)
                           - PAYMENT HISTORY
                           - CREDIT AUTHORIZATION/ENROLLMENT LETTER INQUIRY
                           - CLIENT SOCIAL SECURITY NUMBER SEARCH
   LAST              FIRST            MID INIT     -  CLIENT NAME SEARCH

                           UPDATE                   PID# FOR TD PRINT
                           - ADD OR CHANGE A CASE/CLIENT      000999
   760129096009            - FUEL DENY A CASE/CLIENT          000999
                           - CRISIS DENY A CASE/CLIENT        000999
                           - PEND A FUEL CASE                 000999
                           - PEND A CRISIS CASE
                           - PRINT TD        TERMINAL TO PRINT:

   NOTE: YOU ARE SIGNED ON TEST FOR FIPS 760 - RICHMOND          PID: 64146

1M-Menu 2      3      4      5      6      7      8      9      10SgnOff
```

DENIAL – INITIAL ENTRY

Use this function when the application has not been pended and the reason for denial can not be determined by the system.

Enter case number and PID to access the short denial screen.

```
EAP285            ENERGY ASSISTANCE PROGRAM -- SHORT FUEL DENIAL    09/23/03
                                                                    08:41:07
   PRES LOC: 760          CASE#: 760129096009       WKR: E001
   == PART 1 = CLIENT INFORMATION ========================================
   CLIENT LAST: CANE            FIRST: HURRIE       MIDDLE:
   SERVICE ADDRESS: 0001 ISABEL LANE
   MAILING ADDRESS: 0001 ISABEL LANE
   CITY: OCEAN          ST: VA  ZIP-CODE: 23224-       PHONE: (804)100-9004
   MO. INCOME: $00823.00  MEDICAL DED: 01  FUEL TYPE: 1

   FUEL APPLICATION DATE:09/23/2003  DISPOSITION DATE: 09/23/03  DISP CODE: DV
                                         NEXT CASE:

1M-Menu 2C-Menu 3      4      5      6      7      8Next  9      10Rstart
```

SHORT DENIAL SCREEN

Complete the following:

Worker ID

    PART 1 - CLIENT INFO

Applicant legal name, no nicknames

Service Address: **Do not punctuate.
Enter house number, street name and Apt. #**

Mailing address: Re-enter address or P O Box, General Delivery, RFD, etc).

Day Phone #.

Social Security # of applicant

MO Inc: using leading zeros enter dollar amount.

Medical Ded: # of disabled or age 60/over

Fuel application date.

Disp. Code: reason for denial
DI = Failed to provide income verification
DJ = Member of another household
DL = Transposed case info into wrong case #
DP = Moved or Unable to locate applicant
DQ = Not responsible for heating bills or equipment
DR = Applicant's request
DT = Fuel Application received after deadline
DU = Death of only eligible household member
DV = Not a resident of this locality
DW = Application already on file
DY = Failed to provide non-financial verification

Left screen:

```
EAP215          FUEL ADD/CHANGE        ACTIVE IN CLIENT MASTER FILE

PRES LOC: 760          CASE#: 760133096005      WKR: G998      09/23/03
                                                               09:14:12
== PART 3 = FUEL ASSISTANCE =========================================
FUEL APPL DATE: 09/22/2003   DISP DATE: 09/23/03   DISP CODE: P1
ORIGINAL BENEFIT: $0000.00   FUEL TYPE: 1
VENDOR#:          PAY IND:       ACCT#:
ACCT LAST NAME:              FIRST:              M-INIT:

---PAYMENT SUMMARY------------
              PAID: $0000.00
         TO BE PAID: $0000.00
                                    NEXT CASE #

1M-Menu 2C-Menu 3      4      5Crisis 6     7      8Next  9     10Rstart
```

Right screen:

```
EAP215          FUEL ADD/CHANGE        ACTIVE IN CLIENT MASTER FILE

PRES LOC: 760          CASE#: 760133096005      WKR: G998      09/23/03
                                                               09:14:12
== PART 3 = FUEL ASSISTANCE =========================================
FUEL APPL DATE: 09/22/2003   DISP DATE: 09/23/03   DISP CODE: DY
ORIGINAL BENEFIT: $0000.00   FUEL TYPE: 1
VENDOR#:          PAY IND:       ACCT#:
ACCT LAST NAME:              FIRST:              M-INIT:

---PAYMENT SUMMARY------------
              PAID: $0000.00
         TO BE PAID: $0000.00
                                    NEXT CASE #

1M-Menu 2C-Menu 3      4      5Crisis 6     7      8Next  9     10Rstart
```

Deny Pended Application

From the main screen in the EAP fuel system enter the case number and
 enter, select F4 to access the Fuel Add/Change screen .

Enter appropriate local denial code.

DI = Failed to provide income verification
DJ = Member of another household
DL = Transposed case info into wrong case #
DP = Moved or Unable to locate applicant
DQ = Not responsible for heating bills or equipment
DR = Applicant's request
DT = Fuel Application received after deadline
DU = Death of only eligible household member
DV = Not a resident of this locality
DW = Application already on file
DY = Failed to provide non-financial verification

CHANGES

BEFORE BENEFIT DETERMINATION

1. Select Case /Client from the Main Menu.
2. Tab down to the Update Section and enter the case number next to Add or Change a Case/Client
3. Enter print PID or 999 if no TD desired
4. Transmit
5. The Client Add/Change screen will appear
   a. Part I – Client Data
      i. Change any info
      ii. Strike function key F2 or F1 to complete action
   b. Part II – Household Data
      i. Change any info
      ii. Strike function key F4
      iii. Enter disposition code ED
         1. if fuel type was changed be sure to change vendor and account info also
      iv. Transmit using function key F8, F1 or F2

AFTER BENEFIT DETERMINATION

1. Complete same steps as before Benefit Determination.
2. Changes to the fuel type or vendors occur 10 days after changes are entered into the automated system.
   a. Inquiry on fuel screen (F4) will display a blinking message *"Change/final bill process pending. Press function F9 to display change."*
   b. Press F7 to view the pending change information. The screen will display the message *"Change record effective date."*

ENERGY ASSISTANCE PROGRAM

COOLING COMPONENT

QUICK REFERENCE GUIDE

2005

A HOW TO BOOKLET

Quick Reference Listings

HELP

POLICY QUESTIONS

1. Research answer in the manual. Manual
2. Ask your Supervisor giving him/her any manual reference.
3. Research the Question and Answer section on the intranet at

http://www.localagency.dss.state.va.us/division
s/bp/ea/faq.cgi

DATA ENTRY QUESTIONS

1. Research procedure in Quick Reference Guide.
2. Note all error message numbers and follow instructions for each.

NEW INFORMATION/QUESTIONS

1. Check Helpful Hints, Broadcast system or e-mail.

2. **IF Unresolved...**
Have your agency contact call or email the MAGIC Helpdesk at 1-800-223-8846 or dishelpdesk@dss.state.va.us with your issue. Have the name, case number, updated information, function used, and error message ready when preparing a ticket. Print the screen showing the error(s). Note the number in the top left corner of the screen showing the error when calling the Helpdesk

BILLING QUESTIONS

Local agencies should try to resolve all Cooling billing problems. Bills for cooling payments are keyed locally. Agencies must ensure that an **itemized bill** is attached to the credit authorization and charges are appropriate prior to paying the bill. If you are having problems with a vendor please contact the Vendor Coordinator for additional assistance.

VENDOR AGREEMENT QUESTIONS

See Agreements online. If unable to find answer or unsure of response refer vendor to the MAGIC Helpdesk at 1-800-223-88460 in Virginia or 1-804-371-0693 outside of Virginia or to the Vendor Coordinator at Home Office at 804-726-7373.
http://www.localagency.dss.state.va.us/division
s/bp/ea/forms.html

PROGRAM CONTACTS

We strongly encourage the use of the MAGIC Helpdesk. Contact the helpdesk at 1-800-223-8846 or email your question to them at dishelpdesk@dss.state.va.us. Using the Helpdesk allows the first available Program Consultant to respond to your question.

ACRONYMS

ADAPT	Application Benefit Delivery Automation Project		**IEVS**	Income Eligibility Verification System
AG	Auxiliary Grant		**LDSS**	Local Department of Social Services
BD	Benefit Determination		**LIHEAP**	Low-Income Home Energy Assistance Program
BP	Benefit Programs		**LP**	Liquid Propane (bottled gas)
CA	Credit Authorization		**LWA**	Local Welfare Agency
CAP	Community Action Program		**LWAP**	Local Weatherization Agency Project
CID	Case Input Document		**MAX**	Maximum
CRISIS	Crisis Assistance Component		**PA**	Public Assistance
DOB	Date of Birth		**QRG**	Quick Reference Guide
DRG	Desk Reference Guide		**SDX**	State Data Exchange
EAP	Energy Assistance Program		**SEW**	Senior Eligibility Worker
ED	Eligibility Determination		**SSA**	Social Security Administration
ESP	Employment Services Program		**SSI**	Supplemental Security Income
EW	Eligibility Worker		**SVES**	State Verification Exchange System
FA	Fuel Assistance Component		**TANF**	Temporary Assistance to Needy Families
FC	Foster Care		**TD**	Turnaround Document
FIPS	Agency locality code		**VACIS**	Virginia Client Information System
FS	Food Stamps		**VDSS**	Virginia Department of Social Services
GR	General Relief		**VIEW**	Virginia Initiative for Employment Not Welfare
HH	Household		**VIP**	Virginia Independence Program
HO	Home Office		**WAP**	Weatherization Assistance Program

Commonwealth of Virginia - Department of Social Services	AGENCY USE ONLY:		
Locality/FIPS_____ Case #_____	Date Application Received_____		Worker #_____

COOLING ASSISTANCE APPLICATION *accepted from June 15 through August 15*

PLEASE ANSWER ALL QUESTIONS COMPLETELY   **In what city or county do you live?** _____

PART I

Name_____   SEX:___M___F   Are you Hispanic or Latino? ____YES ____NO

        Last   First   Middle Initial

Race (**Circle One**)   **1**. White   **2**. Black or African American   **3**. American Indian or Alaskan Native   **4.** Asian   **5.** Native Hawaiian or other Pacific Islander   **0.** Other

Service Address_____City/State_____Zip_____ Day Phone: _____

Mailing Address _____City/State_____Zip_____ Home Phone:_____

Directions to home _____Email Address_____

PART II

1. What is your cooling need? (Check all that apply)

    ____**A.** Pick up portable fan   ____**B.** Purchase/install window air conditioner   ____**C.** Repair central air conditioner or heat pump   ____**D.** Payment of electric deposit

    ____**E.** Purchase/install ceiling, attic or whole house fan   ____**F.** Repair ceiling, attic or whole house fan   ____**G.** Payment of electric bill   ____**H.** Self-pick-up/install window air conditioner

2. Circle the letter that best describes your present living situation. Read each one before you choose. Circle only one.

A. I own or am buying my home and **pay all cooling bills**.   **G.** I live in Section 8 housing, HUD, subsidized housing, & **regularly pay some or all of my cooling bills**.

B. I own or rent my home and do not pay a cooling bill.   **I.** I live in one room in someone else's house.

C. I pay rent and also **pay for cooling separately.**   **L.** I live in an institution, group home, treatment center or home for adults.

E. I pay rent & my cooling is **included in the rent payment.**   **P.** I live rent-free in more than one room, house or apartment and pay for heat/cooling.

F. I live in subsidized housing Section 8, HUD, Public Housing,   **Q.** I live in an emergency shelter. I have arranged to move into a house, apartment or more than one room.

   and **occasionally pay excess usage charges**.

3. Are all people in your household United States citizens?   ___YES ___NO   If no, who?_____

4. Is anyone in your household disabled?   ___YES ___NO   If yes, who?_____

5. How many people live in your household? #_____   **List yourself first and every person living in the home.**   **Complete information for each person**

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly monthly	LIST ALL SOURCES OF INCOME Employer for earned income, Self-employed, Social Security, SSI, VA benefit, Child Support, etc.
				Y	N			
	Self							

032-03-657 (6/05)   **Page 1 of 2**   **Please Turn Over**

6. Circle ALL types of household income: **A.** TANF   **B.** Social Security   **C.** SSI   **D.** Unemployment   **E.** Employment or Self-employed   **G.** General Relief

    H. VA Benefits   **N.** Worker's Compensation   **Q.** Support or Alimony   **U.** Rental Income   **W.** Retirement   Other: specify_____

7. Do you receive a check from the Division of Child Support Enforcement? ___YES ___NO   How much? _____   Who pays the child support?_____

8. Did you or any household member receive Fuel, Crisis or Cooling Assistance in the past 12 months? ___YES ___NO If yes, case name_____

9. Does any household member receive Food Stamps?   ___YES ___NO   If yes, case name_____

10. Does anyone pay for Medicare, Part B insurance?   ___YES ___NO   If yes, who?_____   How much? $_____

11. Does any household member receive Medicaid?   ___YES ___NO   If yes, case name_____

12. Is Medicaid Home & Community-Based Care received?   ___YES ___NO   If yes, by whom?_____   Patient pay amount is $_____

13. Who owns or is responsible for any cooling equipment in your home?_____

14. Is there a portable or installed fan in your home? ____YES ____NO   If yes, does it work? ____YES ____NO

15. Is there a window air conditioner or a central air conditioning unit in your home? ____YES ____NO   If yes, does it work? ____YES ____NO

16. Name and address of the company used for home cooling. _____
     Verification from the utility company is needed if you cool with electricity. **Attach a copy of your current electric bill.** Complete the following:

    In whose name is the bill? _____   Account Number_____

    Who is responsible for paying the bill? _____

17. Where else have you applied for this assistance? _____

18. Do you have a heating expense? ____YES ____NO   If **YES**, what is your fuel type?   **Circle** the fuel used most frequently to heat your home. **CIRCLE ONLY ONE.**

      1. Electricity   **2.** Natural Gas   **3.** Oil (#2)   **4.** Clear Kerosene   **5.** Coal   **6.** Wood   **7.** LP/Bottled Gas   **0.** Red Kerosene

19. Name and address of the company used for home heating. _____

20. What is your account number for your heating vendor?_____

        COOLING ASSISTANCE   *Application Dates: June 15 through August 15*   **Application Date:_____**

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local department of social services has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the Department of Social Services may use information on this application or that I may be contacted for the purposes of research, evaluation and analysis to the extent allowed by state and federal law. My signature authorizes the Department of Social Services to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance.

Applicant Signature or Mark and Witness_____   Date_____

Completed on behalf of applicant by: _____   Date_____
032-03-657 (6/05)   Page 2 of 2

COMMONWEALTH OF VIRGINIA   FIPS_____
DEPARTMENT OF SOCIAL SERVICES

<div align="center">

COOLING ASSISTANCE WORKSHEET/EVALUATION   Application Date: _____
</div>

CASE NAME_____   CASE #_____

<div align="center">

PART I - NONFINANCIAL ELIGIBILITY FACTORS
</div>

1. Application signed?	____YES ____NO	9. Is this a PA case?	____YES ____NO
2. Does HH live within locality?	____YES ____NO	10. Is HH responsible for cooling equipment?	____YES ____NO ____N/A
3. Are all household members U.S. citizens?	____YES ____NO	11. Is there a cooling expense?	____YES ____NO ____N/A
4. Homeowner?	____YES ____NO	12. Are there children under age 6?	____YES ____NO
5. Renter?	____YES ____NO	13. **What is the total # of eligible people in HH?** ____	
6. Roomer?	____YES ____NO		

7. Verified disabled household member?   ____YES ____NO ➔   If yes, how many? _____   How verified? _____

8. Household member age 60 ?   ____YES ____NO ➔   If yes, how many? _____   ➤ **TOTAL # PEOPLE ELIGIBLE FOR MEDICAL DEDUCTION?** ____

<div align="center">

PART - II FINANCIAL ELIGIBILITY FACTORS
</div>

	INCOME CALCULATION		VERIFICATIONS OF INCOME	
		Date Received	Gross Amount	Date & Method of Verification
Countable Unearned Income	$_____			
Profit from self-employment	+_____	_____	_____	_____
Countable Earned	+_____	_____	_____	_____
Minus:		_____	_____	_____
Medicare Part B Premium	-_____	_____	_____	_____
Medicaid (CBC) Patient Pay	-_____	_____	_____	_____
DO NOT SUBTRACT $25 MEDICAL DEDUCTION		_____	_____	_____
COUNTABLE GROSS INCOME	$_____	**INCOME ELIGIBLE?**	**____YES**	**____NO**

<div align="center">

PART III - ASSISTANCE REQUESTED/NEEDED
</div>

1. **Pick Up Portable Fan (A):**

    A. Does the household have any cooling equipment?   _____YES   _____NO

    B. Is the equipment inoperable or unsafe?   _____YES   _____NO

2. Purchase and Installation of air conditioner (B) :

    A. Does household have operable equipment?   _____YES   _____NO
    B. Does lease, rental agreement or written landlord statement verify repair responsibility?   _____YES   _____NO   _____N/A
    C. Is there a warranty on existing equipment?   _____YES   _____NO____N/A   Date of purchase? _____   #Warranty years? _____
    D. Was equipment previously purchased by Energy Assistance Program?   _____YES   ____NO
    E. Is the equipment inoperable or unsafe?   _____YES   ____NO

3. **Repair central air conditioning unit or heat pump (C):**

    A. Is central air conditioning unit or heat pump inoperable or unsafe?   _____YES   _____NO
    B. Was equipment previously purchased by Energy Assistance Program?   _____YES   ____NO   Date of purchase? _____   #Warranty years? _____
    C. Is there a warranty on existing equipment?   _____YES   _____NO

4. **Security Deposit (D):** _____Electricity **(1)**

    A. Is account in household member's name? _____YES _____NO
    B. Is service address on account same as applicant's service address? _____YES _____NO
    C. Required for cooling? _____YES _____NO _____N/A
    D. Verified HH has applied for service? _____YES _____NO _____N/A
    E. Does assistance ensure service? _____YES _____NO

5. **Purchase and Installation of ceiling, attic or whole house fan (E)** :

    A. Does household have operable equipment? _____YES _____NO
    B. Does lease, rental agreement or written landlord statement verify repair responsibility? _____YES _____NO _____N/A
    C. Is there a warranty on existing equipment? _____YES _____NO_____N/A   Date of purchase? _____ #Warranty years? _____
    D. Was equipment previously purchased by Energy Assistance Program? _____YES ____NO
    E. Is the equipment inoperable or unsafe? _____YES ____NO

6. **Repair of Installed fan (F):**

    A. Does lease, rental agreement or written landlord statement verify repair responsibility? _____YES _____NO _____N/A
    B. Is the equipment inoperable or unsafe? _____YES _____NO
    C. Is warranty coded in EAP system on existing equipment? _____YES _____NO
    D. Will warranty cover maintenance? _____YES _____NO

7. **Payment of Electric bill (G):**

    A. Is payment of electric or gas needed to operate cooling equipment? _____YES _____NO
    B. Is account in household member's name or service address on account same as applicant's service address? _____YES _____NO
    C. For disconnection notices is there verification of payment or an agency pledge for the difference between maximum benefit and disconnect amount? _____YES _____NO

8. **Self Pick-up and Self Installation of an Air Conditioning Unit (H)** :

    A. Does household have an operable air conditioner? _____YES _____NO
    B. Is the equipment inoperable or unsafe? _____YES _____NO
    C. Was equipment previously purchased by Energy Assistance Program? _____YES _____NO
    D. Is there a warranty on existing equipment? _____YES _____NO   Date of purchase? _____ #Warranty years? _____
    E. Does lease, rental agreement or written landlord statement allow installation? _____YES _____NO _____N/A

PART IV - OTHER RESOURCES Required if yes in Part III, 1.C. or 2.H

1. Are community resources available? _____YES _____NO   If yes, what? _____
2. Are other resources needed to cover full need? _____YES _____NO   If yes, contributor's name & amount contributed _____
3. Is co-payment required? _____YES _____NO   Date paid? _____   Amount paid? $_____
4. Will assistance and/or other resources pay for purchase/repair of equipment or continue or restore service? _____YES _____NO

PART V - ELIGIBILITY RECOMMENDATION

_____**Eligibility Determination, "ED"**   Approved for (type(s) of assistance) _____   _____**Ineligible, indicate local denial code** _____

Eligibility Worker Signature: _____   **Worker #_____ Date_____**
COMMENTS:
032-03-656 (6/04)   **Page 2 of 2**

Forms

Forms can be found at <u>http://www.localagency.dss.state.va.us/divisions/bp/ea/forms.cgi</u>

Reports

PAPER

CAP-08R-2   Cooling – A bi-weekly alpha report containing case #, Worker I.D., application date, max benefit amount, disposition date and status, amount paid to date, and remaining benefit. Use as a monitoring tool for agency workers and client inquiry.

SYSTEM GENERATED - Listed below are reports that can be either viewed or printed at the local agency. Reports are updated daily and should be checked daily. Instruction on inquiring on these reports can be found in the Cooling System Inquiries module found on the Energy Assistance web training site.

FROM THE MAIN MENU

LOC MASTER   Encumbrances and expenditures by program component are provided.   Enter a locality FIPS code for local statistics or 990 for statewide statistics.

RETURNED CHECKS   Lists returned or undeliverable client checks. Action must be taken within 5 days to reissue or cancel. Check menu selection frequently
.

FROM THE REPORTS MENU

APPROVED VENDORS   A list of all vendors for a locality and the type of service provided by the vendor.

UNPAID COOLING   Provides an alpha listing of approved cases updated daily for which no payment has been made. Worker #, case name, case #, cooling type and amount unpaid are displayed. Report can be sorted by either worker, agency or vendor number.

COOLING PENDING   Provides an alpha listing by worker or agency updated daily of all pending cooling applications. Worker # case name, case #, application date, cooling type and # of days pending is displayed.

COOLING EFFECTIVENESS REPORT   Statewide and local case count and expenditure statistics for the previous season used for reporting to General Assembly. The number of cases needing assistance from other programs and select denial reasons are shown to provide an idea of unmet needs.

TYPES OF COOLING ASSISTANCE AVAILABLE

Pay Electric Bill to operate Cooling Equipment (G)   Electric Security Deposit (D)

Repair Central Air Conditioning Unit or Heat Pump (C)   Repair ceiling, attic or whole house fan (F)

ONE portable fan (A)   **ONE** Air Conditioner (installed or picked up) (B or H)

ONE ceiling, attic or whole house fan installed (E)

WHAT COOLING EQUIPMENT CAN AN APPLICANT RECEIVE?

IF AN APPLICANT HAS:

No Operable Cooling Equipment   **Operable Cooling Equipment**

⬇

Operable Fan   or   **Operable Air Conditioner**

May be Eligible for…   *May be Eligible for*   **NOT ELIGIBLE**
Portable Fan   **FOR ANY COOLING**
          Air Conditioner   **EQUIPMENT**

Installed Fan

OR

Air Conditioner

VENDOR LIST - ACCESSING AND READING

Note: Dual localities should **highlight the locality FIPS** code at the top of the page to avoid confusion.

Click *Energy Assistance Inquiry* on the TUMS menu.

Tab down to *Reports Menu* and press enter

Tab down to *Approved Vendors* and press enter.

Press the *F7* key to print your list

The following fields are displayed across the page:

Vendor #   A six digit number beginning with 993 or 100 has been assigned to each vendor.

Services & Fuel   Services provided by the vendor are identified by an alpha code for the Cooling Component to the **left** of the field.

A = Store pick up of portable fan	E = Ceiling, Attic or whole house fan installation
B = Air Conditioner purchase/installation	F = Repair installed fan
C = Repair Central A/C or heat pump	G = Electricity Payment
D = Electric Security Deposit	H = Store pick up of Air Conditioner

Vendor Name   Company name, city of location and the telephone number are shown.

*****Heating Data fields will require Fuel Assistance Fuel Type Codes and Fuel Assistance Vendor Number*****

INPUT DOCUMENTS

It is not necessary to use an Input document to record data to be entered in the system. If an Input document is used a clean document with no preprinted information is preferable for the initial entry of data. There are three types of input documents.

A **blank document** can be found **http://www.localagency.dss.state.va.us/divisions/bp/ea/forms.cgi**.

"B" document = a computer generated document containing preprinted information taken from the Food Stamp database or from the Energy Assistance database based on matchable demographic data. Caution must be exercised when using a "B" document to activate this year's Cooling applications. It could cause incorrect data to be used if not corrected and updated with current information for Cooling Assistance. These documents are issued prior to the fuel assistance component opening.

Turnaround Document (TD) = a computer generated document containing information from a previous component. Caution must be exercised when using a TD to activate this year's Cooling applications. It could cause incorrect data to be used if not corrected and updated with current information for Cooling Assistance.

A turnaround document (TD) is optionally printed in the agency as a result of pending an application or when a change is entered in the system. The TD is printed when PID # is entered on the menu prior to entering/updating data. If a TD is not desired 999 must be entered in lieu of PID #.

NEW FOR THE 2005 COOLING ASSISTANCE PROGRAM:

The case input document now has part 2B Heating Data (for cooling). These are not mandatory field. However entering the correct data may allow customers to be pre-approved for Fuel Assistance.

Commonwealth of Virginia Department of Social Services
ENERGY ASSISTANCE-CASE INPUT DOCUMENT

Pres Loc: __ __ __ **Case #:** __ __ __ __ __ __ __ __ __ __ __ __ **Wkr. #:** __ __ __ __

======**PART I - CLIENT DATA**===
Last:_____ First:_____ Middle:_____
Address Ln#1: _____ Ln#2: _____
City:_____ State:_____ Zip:__ __ __ __ - __ __ __ __ Ph: (_____)_____-____
SSN: __ __ - __ __ - __ __ __ __ Sex: _____ Race: ____ Ethnic:_____ Spouse SSN: __ __ __ - __ __ - __ __ __ __
E-Mail Address _____

======**PART 2 - HOUSEHOLD DATA**===
Living Arrange: _____ Citizen: _____ 60/Over? _____ Disabled?_____
Under 6? _____ # in HH: _____ Prim Fuel: _____ Equip Type: _____ Mo Inc: $__ __ __ __ __.00
Inc Types: __ __ __ __ __ __ __ PA?: _____ Medical Deduction __ __

======**Part 2B – HEATING DATA (for Cooling)**==================================
 Exp: __ Fuel Type: __ Fuel Vendor: __ __ __ __ __ __ Fuel Account Number _____

======**PART 3 - FUEL ASSISTANCE**==
Fuel Appl. Date: ___/___/___ Disp. Code: ___ ___
Vendor #: __ __ __ __ __ Pay Ind.: ___ Acct #: _____
Acct Last Name: _____ First:_____ M.I.:_____

======**PART 4 - ____CRISIS or ____ COOLING ASSISTANCE**=========================
Appl. Date: __/__/__ Disp. Code: ___ ___
Benefit: $__ __ __.__ __ Bill/Ck:$__ __ __.__ __ Agy. Issued: N CK Date: ___/___/__
Code:_____ Vendor #__ __ __ __ __ __ Pay Ind.: ___ Acct #:_____
Acct Last Name:_____ First:_____ M.I.:____
Sec. Dep. Type: __ __ __ __ __ Equipment Warranty Yrs:_____ Begin Date: ___ ___/___ ___
Confirm Amt.: $__ __ __ __.__ __ Total Bill Amt: $__ __ __.__ __
Other Paid: $ __ __ __ __.__ __ Other Code:__ __ __ __
===
Authorized Signature _____ Date _____

032-03-080/16 (06/05)

ERRORS, CORECTIONS & MESSAGES

Error messages result from incorrectly keyed information. Messages consist of a 3 digit numeric code and some have an alpha character, ex. 502A.

The alpha character helps Information Systems identify the area in which the error has occurred in the system.   To resolve an error read the message

carefully and correctly re-key the element in which the error has occurred.   If changing the information keyed in the element in question does not

resolve your problem, print a copy of the screen showing the error message(s) and report the error to the MAGIC Helpdesk or your Program Contact.

Error correction is accomplished by submission of a Magic Helpdesk Ticket or the Action Request Form. The Action Request Form is a generic form

to request several different actions to be taken by your Energy Assistance Contact. Complete the appropriate section completely and forward this form

by fax (804) 726-7358 or pouch to your Energy Contact.

See the Action Request Form on the following page to identify the types of actions for which it can be used.

NOTE: This form has been modified as of 6/05.

```
Commonwealth of Virginia,
Department of Social Services
Energy Assistance Program                    **ACTION REQUEST FORM**

          FROM:  Locality/FIPS _____      LDSS Worker _____      LDSS Worker's Email _____      Telephone Number
                        Supervisor Name _____      Telephone Number _____      Date Prepared and Sent
```

The change indicated below is needed in the ☐ Fuel, ☐ Crisis, ☐ Cooling component of the following case:

Case Name _____   Case # _____

I. DIRECT PAY NEEDED

Indicate Change Reason:
_____	(A) Renter with heat/cooling included	_____ (E) Unique vendor, no contract exists
_____	(B) No vendor contract for fuel type	_____ (F) Central Office decision or appeal (Contact will advise)
_____	(C) Fuel storage tank under 100 gallons	_____ (G) Island pump purchases of oil/kerosene
_____	(D) Primary fuel type coal or wood	

Change fuel type from _____ to _____ _____   Change equipment type from _____ to _____ _____
Is this an agency error? _____

Explain why change needed.

II. REMOVE WARRANTY OR SECURITY DEPOSIT

WARRANTY - Date currently in system? _____   SECURITY DEPOSIT - Original Date _____
Vendor # _____   Which type? (Select one) (1) ☐ Electric (2) ☐ Nat. Gas (7) ☐ LP gas

REASON:

Include copy of original equipment warranty whenever possible

---

```
Home Office Use Only:
EAP Consultant's Signature: _____      Data Entry Date: _____      Disposition: _____
```

032-03-639/2 (05/05)

FAX OR POUCH TO YOUR DESIGNATED PROGRAM CONTACT SPECIALIST
FAX # (804) 726-7358

TROUBLESHOOTING

PROBLEM	ACTION
DIRECT PAYMENTS	
Check not received	Check payment history screen to confirm it was issued. Follow procedures in Chapter E 5.
Name on check incorrect	Follow the cancelled check procedure in Chapter E 6. Change name in system. Request re-issuance through your Program Contact.
INCORRECT PAYMENT	
Living arrangement Incorrect	Agency error. Repay overpayment to State. Pay underpayments to customer or vendor (Chapter E 4)
Living arrangement Incorrect	Customer error. Collect overpayment from the customer. Underpayments are not corrected (Chapter E 4)
Unpaid deposit options	Refer vendor representative to their supervisor for billing instructions on security deposit option.
Wrong Cooling Type	Complete the Correction Of Payment Error (COPE) form. Send copy of check/warrant with COPE. LDSS must pay correct vendor from local monies.

PROBLEM	ACTION
SYSTEM	
Deposit code incorrect	Complete Action Request and send to EAP Contact.
Case number incorrect	See Chapter E, App. A
COOL code incorrect	Cannot correct. Must retrieve CA, close case and reopen with the correct code.
Social Security number incorrect	Make the necessary changes in the system.
VENDOR	
Vendor number incorrect	Retrieve the incorrect CA from the vendor once it is received and make change in the system.
Unpaid utility benefit	Have customer confirm acct. # with vendor.
Utility account number incorrect	Contact the vendor with the correct account number or name. Change account # in the system.
Change to Direct pay	Complete Action Request form and fax to your EAP Contact or prepare a ticket to the MAGIC Helpdesk in order to notify your EAP Contact.
No CA received by vendor	Check Credit Auth. Inquiry for date generated; if more than a week ago call (804) 726-7373 for reissue.

DISPOSITION CODES

COMPUTER GENERATED

P1 = Pending

Codes resulting from "ED" (eligibility determination)

A1 = Approved
R1 = Reopen in new locality
R4 = Reopen in same locality

Denials

D1 = Income exceeds maximum income level
D2 = Not a resident
D3 = Ineligible living arrangement
D5 = Ineligible alien status
D6 = No vulnerable person in household
D7 = Warranty in effect
D8 = Security deposit previously received
D9 = Out of funds

Closures

C0 = Payment issued or security deposit waived
C1 = Income exceeds maximum level
C2 = Not a resident
C3 = Ineligible living arrangement
C5 = Ineligible alien status
C6 = No vulnerable person in household
C7 = Warranty in effect
C8 = Security deposit previously received
C9 = Out of funds

LOCALLY ENTERED

Denials

DI = Failed to provide income verification
DJ = Member of another household
DK = Assistance available once per program year.
DN = Other resources have met need
DO = Requested assistance not offered
DP = Moved or Unable to locate applicant
DQ = Not responsible for cooling bills or equipment
DR = Applicant's request
DS = Assistance offered would not ensure cooling
DT = Application received after deadline
DU = Death of only eligible household member
DV = Not a resident of this locality
DY = Failed to provide non-financial verification

Closures

CI = Failed to provide income verification
CJ = Member of another household
CK = Assistance available once/program year
CN = Other resources have met need
CO = Requested assistance not offered
CP = Moved or unable to locate
CQ = Not responsible for cooling bills or equipment
CR = Applicant's request
CS = Assistance offered would not ensure cooling
CT = Application received after deadline
CU = Death of only eligible household member
CV = Not a resident of this locality
CX = Changing Cooling type of assistance
CY = Failed to provide non-financial verification

CHANGING DISPOSITION CODES

P1 = System generated on initial entry; can be changed to ED for resulting A1 or R4 code. Also, can be changed to DI – DY for local denial.

ED= Eligibility Determination; results in an A1, C0 - C9, D1 - D9, or R4 disposition code

A1= Approved; (can be paid which will result in a C0 code) the code can be changed to disposition codes ranging from CI to CY to deny or close the case.

D = Denied; any denial code can be changed to ED or P1 or to a local denial code of DI – DY.

C = Closed; any closure codes can be changed to ED for resulting R1 or R4 or to CI – CY.

R1= Reopen in new locality; (can be paid which will result in a C0 code) the code can be changed to disposition codes ranging from CI to CY to deny or close the case.

R4= Reopen in same locality; (can be paid which will result in a C0 code) the code can be changed to disposition codes ranging from CI to CY to deny or close the case.

NOTE: A CASE IN "C" STATUS CAN ONLY BE CHANGED TO ANOTHER "C" CODE.

LOCAL DISPOSITION CODES AND CLIENT NOTICE MESSAGES

DI or CI = Failed to provide income verification
> Your application for cooling assistance was denied for failure to provide income verification of all persons in the home.

DJ or CJ = Member of another household
> Your application for cooling assistance was denied. You are considered a member of another eligible household.

DK or CK = Assistance available once per program year.
> Your application for cooling assistance has been denied. The type of assistance you requested is available only once per program year. Your household has already received assistance this program year.

DN or CN = Other resources have met need
> Your application for cooling assistance has been denied. You have received help with your situation from other sources and are no longer in need of assistance from this Program.

DO or CO = Assistance requested not offered
> Your application for cooling assistance has been denied. The Energy Assistance Program does not offer the assistance you requested.

DP or CP = Moved or Unable to locate applicant
> Your application for cooling assistance has been denied. You have either moved from this locality or into someone else's home, or we have been unable to contact you.

DQ or CQ = Not responsible for heating bills or equipment
> Your application for cooling assistance has been denied. You have not provided proof that you are responsible for cooling your home.

DR or CR = Applicant's request
> Your application for cooling assistance has been denied. You or a household member requested withdrawal of the application. If this information is incorrect, please contact the agency immediately.

DS or CS = Assistance would not ensure cooling
> Your application for cooling assistance has been denied. The maximum funds available for the type of assistance you requested would not ensure cooling for your home. The Program is unable to assist you at this time.

DT or CT = Application received after program deadline
> Your application for cooling assistance has been denied. This is a seasonal Program and the application period has ended. Your application was received after the Program application period ended.

LOCAL DISPOSITION CODE CLIENT NOTICE MESSAGES CONT'D

DU or CU = Death of only eligible HH member
> The application for cooling assistance has been denied. A program eligible household member no longer resides in the home. Contact us if this information is incorrect.

DV or CV = Not a resident of this locality
> Your application for cooling assistance has been denied because you do not live in this locality. Please apply in the locality where you reside prior to the application deadline.

DY or CY = Failed to provide non-financial verification
> Your application for cooling assistance has been denied for failure to provide requested verifications. Please contact the local agency and provide the requested verification for possible re-evaluation of your situation.

Denial code and closure code second character is identical. Be sure to pick the code that best reflects the appropriate message for the case situation. Also determine appropriate use of closure or denial code from the changing disposition code section of this guide.

CX = Use only when credit authorization returned and requested assistance not provided, when changing the vendor number or changing the type of assistance. Notice will not be sent to customer. If Credit Authorization has been issued/generated, be sure to retrieve the first Credit authorization before issuing/generating the second Credit Authorization.

COOLING ASSISTANCE TRANSACTIONS

The following pages provide guidance on processing applications for Cooling Assistance.

***Please note that you will now be asked to provide Heating Data for the purpose of increasing Fuel Assistance pre-approvals for the upcoming heating season.**

Completion of an Input Document is not necessary. Data can be keyed directly from the application form.

Instruction on the necessary data to be entered on a screen to accomplish a transaction on a Cooling Assistance application or to make changes to an active case is also provided.

Use function key F6 to access the Cooling screen.

Only use function key F1 or F8 when you have completed a transaction.

Function key F10 voids the transaction and allows you to start the transaction over.

```
CAP204          ENERGY ASSISTANCE - COOLING - CASE/CLIENT MENU        05/28/03
                                                                     11:43:18
                              INQUIRY
         CASE NUMBER
                        ▮   - CASE/CLIENT
                            - COOLING PAYMENT INQUIRY -------------->    ▮ (YEAR)▮

                            - PAYMENT HISTORY
                            - CREDIT AUTHORIZATION INQUIRY
                            - CLIENT SOCIAL SECURITY NUMBER SEARCH
     LAST                FIRST                MID INIT    -  CLIENT NAME SEARCH

                              UPDATE                      PID# FOR TD PRINT
                            - ADD OR CHANGE A CASE/CLIENT

                            - COOLING DENY A CASE/CLIENT

    007008789000            - PEND A COOLING CASE                 999
                            - PRINT TD          TERMINAL TO PRINT:

        NOTE: YOU ARE SIGNED ON TEST FOR FIPS 001 - ACCOMACK

1M-MENU 2        3        4        5        6        7        8        9       10SIGNOF
```

PENDING A CASE

From the initial entry screen select the Client/Case Menu and enter. You will see this screen at that point.

Using the **Update** section enter the case number of a new or existing case/application under **PENDING** and enter the PID number to print a Turnaround document.

If no TD is wanted then enter 999, the field will zero fill.

TRANSMIT to complete required information for pending the application.

```
CAP230                    ENERGY ASSISTANCE - COOL PENDING              05/04/05
PRES LOC: 017               CASE#: 680016406008          WKR: x102      14:56:10

== PART 1 = CLIENT DATA ========================================================
CLIENT LAST: Jones              FIRST: John           MIDDLE:
SERVICE ADDR: 1235 Floyd Ave              MAIL ADDR: 1235 Floyd Ave
CITY: Richmond          ST: VA    ZIP-CODE: 23221-1221   PHONE: (804)555-1212
SSN : 158874487   SEX: m   RACE: 1   ETHNIC:         SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA =====================================================
LIVING ARRANGE: a    CITIZEN: a    60/OVER: y
DISABLED: y    UNDER6: y    # IN HH: 03    PRIMARY FUEL: 1    EQUIP TYPE:
MO INCOME: $00100.00    INC TYPES: a
        P/A: y    MEDICAL: 01    MATRIX POINTS:
== PART 4 = COOLING DATA =======================================================
COOLING APPLICATION DATE: 05/04/2005   DISPOSITION DATE: 05/04/05 DISP CODE: P1
                            NEXT CASE:




 1M-MENU 2C-MENU 3       4       5       6       7       8NEXT   9       10RSTART
```

PENDING *NEW* COOLING APPLICATIONS – Not known to the system

Complete the following:

Worker ID

PART 1 - CLIENT DATA

Applicant legal name, no nicknames

Service Address or delivery address: **DO NOT PUNCTUATE.
Enter house number, street name and Apt #**

Mailing address: Re-enter the service address if the same, otherwis enter P O Box, General Delivery, RFD, etc).

Day Phone #.

Social Security # of applicant
LDSS Worker can now remove or change SSN at anytime.

<u>M</u>ale or <u>F</u>emale or <u>U</u>nknown

Race: Enter one: 1 = White, 2 = Black, 3 = Am. Indian/Alaskan Native, 4 = Asian, 5 = Native Hawaiian or Pacific Islander

Ethnicity: Enter 1 or Y for Hispanic/Latino or 2 or N for not Hispanic/Latino

Spouse Social Security #, if known

PART 4 – COOLING DATA

Cooling application date.

```
CAP230                 ENERGY ASSISTANCE - COOL PENDING              05/26/05
PRES LOC: 017          CASE#: 147007533005              WKR: X102      11:17:24

== PART 1 = CLIENT DATA ======================================================
CLIENT LAST: JONES              FIRST: JOHN             MIDDLE:
SERVICE ADDR: 1235 FLOYD AVENUE           MAIL ADDR: 1235 FLOYD AVENUE
CITY: RICHMOND        ST: VA    ZIP-CODE: 23221-1221  PHONE: (   )    -
SSN : 397158246   SEX: M  RACE: 1   ETHNIC: 1         SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA ===================================================
LIVING ARRANGE: A    CITIZEN: A    60/OVER: Y
DISABLED: N    UNDER6: N    # IN HH: 01    PRIMARY FUEL: 1    EQUIP TYPE:
MO INCOME: $00100.00    INC TYPES: A
       P/A: Y    MEDICAL: 01    MATRIX POINTS:
== PART 4 = COOLING DATA =====================================================
COOLING APPLICATION DATE: 05/26/2005   DISPOSITION DATE: 05/26/05 DISP CODE: P1
                              NEXT CASE:



 1M-MENU 2C-MENU 3       4        5        6        7       8NEXT   9      10RSTART
```

PENDING A CASE KNOWN TO THE SYSTEM

Complete: 1) worker number,
            2) the information under Household Data and
            3) the Cooling Application date under Cooling Data

The information previously entered in the system will populate the screen. This information may need to be changed prior to
determining eligibility.

UPDATING THE SYSTEM

An application can be pended, approved or denied at initial entry.

Enter the case number of a pended, new or existing case/application under UPDATE and enter the PID to print a Turnaround document.

If no TD is wanted then enter 999, the field will zero fill. **TRANSMIT.**

```
CAP212 ENERGY ASSISTANCE - COOLING - CLIENT INPUT          05/06/05
                                                           09:37:36
PRES LOC: 017        CASE#: 025006757009      WKR: X102
PART 1  CLIENT DATA . . . . . . . . . . . . . . . .
CLIENT LAST: Stutzman       FIRST: Mike        MIDDLE:
SERVICE ADDR:201 Capel Street Lot 103    MAIL ADDR:201 Capel Street Lot 103
CITY: Richmond       ST: VA   ZIP-CODE: 23221      PHONE: (  )  -
SSN : 913782645  SEX: m  RACE: 1  ETHNIC:      SPOUSE SSN:
E-MAIL ADDRESS: mstutzman@comcast.net
PART 2A COOLING DATA . . . . . . . . . . . . . . .
LIVING ARRANGE: a CITIZEN: a 60/OVER  : n  DISABLED  : y
UNDER AGE 6: n  # IN HH: 01  PRIM FUEL: 1  EQUIP TYPE:    MO INC: $00100.00
INC TYPES: a          COUNTABLE INC:$     .00     PA?: y  MEDICAL DED: 01
PART 2B HEATING DATA . . . . . . . . . . . . . . .
EXP: y FUEL TYPE: 1 FUEL VENDOR: 100392 FUEL ACCT#: 2544878

                                     NEXT CASE #



1       2       3       4F-FUEL 5    6C-COOL 7    8N-NEXT 9    10RSTART
```

```
CAP216 ENERGY ASSISTANCE - COOLING - CLIENT INPUT          05/06/05
                                                           09:44:06
PRES LOC: 017        CASE#: 025006757009      WKR: X102
== PART 4 = COOLING ASSISTANCE ==========================================
COOLING APPL DATE: 05/06/2005    DISP DATE: 05/06/05    DISP CODE: ed
COOLING BENEFIT: $0200.00 BILL/CK: $    .    AGY ISSU? N CK DATE:   /  /
COOLING CODE: b      VENDOR#: 001001    PAY IND:      ACCT#:
ACCT LAST NAME: Stutzman        FIRST: Mike       M-INIT:
SEC DEP TYPE:         COOL WARRANTY YRS:    BEGIN DATE:   /    (MMYYYY)
CONFIRM AMT: $0200.00 TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .    OTHER CODE:
---PAYMENT SUMMARY---
    COOLING CODE:                                        TOTAL
        BENEFIT:
           PAID:                                            .
      TO BE PAID:                                           .
                                          NEXT CASE #        .

1M-MENU 2C-MENU 3       4       5       6       7       8NEXT 9    10RSTART
```

DETERMINING ELIGIBILITY

Client Data was entered when case was pended.
PARTS 2a and 2b - HOUSEHOLD DATA for cooling and heating to be entered:

Living Arrange: Enter appropriate code from application:

A = Homeowner, pays cooling bills	I = Roomer
B = Homeowner/renter no cooling bills	L = Lives in an ineligible facility or institution
C = Renter pays cooling bills	P = Lives rent free in more than one room
E = Renter, cooling included in rent	pays cooling bills
F = Renter pays excess usage charges	Q = Temporarily lives in an emergency
G = Subsidized renter pays some cooling bills	shelter

Citizen: Enter one of the following:
   A = HH members US citizens   B = HH contains eligible aliens
   C = HH has one or more ineligible aliens   D = HH of all ineligible aliens
60/over: Enter Y or N, **Disabled**: Enter Y or N, **Under Age 6**: Enter Y or N
 # in HH – enter 2 digit numbers, 01, 02, etc.
MO INC: enter gross amount using leading zeros.
Enter ALL appropriate codes. NOTE: Codes K and M are only used with F.
   A = TANF   M =None
   B = SSA   N = Worker's Comp.
   C = SSI   O = Other earned income
   D = Unemployment   P = Ins. Benefits, multiple pmt.
   E = Earned   Q = Contributions/ Support/Alimony
   F = Food Stamps   S = Installment Contract
   G = GR   T = Monetary Gift
   H = VA Benefits   U = Rental Income

   I = VA Aid & Attendance   V = Educational Benefits
   J = Comm. Based Care (CBC)   W = Other Retirement/Disability
   K = All SSI recipients   X = Other Unearned Income
   L = Lottery   Y = Other PA Benefits
                                    Z

PA? Enter U or N for a TANF, Food Stamps, Medicaid, GR or SSI Case.
Medical Ded: (00 - 10); count once each aged or disabled in household.
Heating information expense, fuel type, vendor and account number
Hit Function Key 6 to go to PART 4 – COOLING
Disp. Code: Enter ED to determine eligibility of the case.
Cooling Benefit: Enter max benefit amount for type of assistance requested.
Cooling Code: Enter the appropriate code:
A = Portable Fan   D = Electric Security Deposit
B = Install Air Conditioner   E = Install ceiling/attic/whole house fan
C = Repair Air Conditioner   F = Repair ceiling/attic/whole house fan.
   (central air/ heat pump)   G = Electricity payment
                                  H = Pick up Air Conditioner
Vendor: Select from the Cooling vendor list for locality.
Acct #: Required for codes D and G, security deposit and electricity bills.
Acct Last Name, First & M. Init: Required for D, & G.
Sec Dep Type: Enter code 1 in position 2 for a security deposit.
Transmit using F1 or F8.

```
CAP216 ENERGY ASSISTANCE - COOLING - CLIENT INPUT   CLIENT IS ACTIVE   05/06/05
                                                                       09:47:02
   PRES LOC: 017           CASE#: 025006757009         WKR: X102

   == PART 4 = COOLING ASSISTANCE =============================================
   COOLING APPL DATE: 05/06/2005    DISP DATE: 05/06/05    DISP CODE: A1
   COOLING BENEFIT: $0200.00 BILL/CK: $     .     AGY ISSU? N CK DATE:    /  /
   COOLING CODE: b      VENDOR#: 001001    PAY IND:     ACCT#:
   ACCT LAST NAME: Stutzman           FIRST: Mike        M-INIT:
   SEC DEP TYPE:          COOL WARRANTY YRS: 2   BEGIN DATE: 05/2005  (MMYYYY)
   CONFIRM AMT: $0200.00 TOTAL BILL AMOUNT: $0200.00
   OTHER PAID AMOUNT: $    .     OTHER CODE:
   ---PAYMENT SUMMARY---
      COOLING CODE:        b                                         TOTAL
          BENEFIT:      0200.00                                     200.00
             PAID:      0   .                                          . 0
        TO BE PAID:       200.00                                    200.00
                                                    NEXT CASE #


 1M-MENU 2C-MENU 3      4      5      6      7      8NEXT  9      10RSTART
```

PAYING THE BILL

Disposition is A1. Case was approved and credit authorization was issued. Vendor has returned CA with itemized bill amount indicated or attached.

Complete the following to pay bill:
Bill/Ck: with leading zero enter dollar bill amount, e.g.0200 then enter cents. DO NOT ENTER A DECIMAL. This entry will not display.
Cool Warranty Yrs: enter number of years for any equipment warranty (1-9 or 0 for ten or more**). Begin Date: enter 2 digit month and 4 digit year for warranty. Confirm Amount & Total Bill Amount: Repeat bill/check amount entry.**
<div align="center">TRANSMIT using F8 or F1.</div>

```
CAP216   ENERGY ASSISTANCE - COOLING - INQUIRY      CLIENT IS ACTIVE    05/05/05
                                                                        09:01:39
PRES LOC: 017           CASE#: 680016406008         WKR: x102

== PART 4 = COOLING ASSISTANCE =================================================
COOLING APPL DATE: 05/04/2005    DISP DATE: 05/05/05    DISP CODE: C0
COOLING BENEFIT: $0000.00 BILL/CK: $    .     AGY ISSU? N CK DATE:    /  /
COOLING CODE: b     VENDOR#: 001001   PAY IND:      ACCT#: 123123123
ACCT LAST NAME: Jones          FIRST: John      M-INIT:
SEC DEP TYPE:      COOL WARRANTY YRS: 5   BEGIN DATE: 05/2005  (MMYYYY)
CONFIRM AMT: $    .    TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .     OTHER CODE:
---PAYMENT SUMMARY---
    COOLING CODE:        g      d      b                          TOTAL
        BENEFIT:    0100.00 0000.00 0329.00                      429.00
           PAID:    100.00 0   .     329.00                      429.00
      TO BE PAID:       .00     .00     .00                          .0
                                         NEXT CASE #

 1M-MENU 2C-MENU 3GEN    4     5     6     7     8NEXT  9     10SIGNOF
```

```
CAP216 ENERGY ASSISTANCE - COOLING - CLIENT INPUT   CLIENT IS ACTIVE   05/28/0
                                                                       18:26:0
PRES LOC: 001           CASE#: 007008079000         WKR: X123

== PART 4 = COOLING ASSISTANCE =================================================
COOLING APPL DATE: 05/16/2003    DISP DATE: 05/28/03    DISP CODE: ed
COOLING BENEFIT: $0200.00 BILL/CK: $    .     AGY ISSU? N CK DATE:    /  /
COOLING CODE: d     VENDOR#: 100018   PAY IND:      ACCT#: 045521320
ACCT LAST NAME: Anyone          FIRST: Can      M-INIT: B
SEC DEP TYPE:  1   COOL WARRANTY YRS: 5   BEGIN DATE: 06/2003  (MMYYYY)
CONFIRM AMT: $    .    TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .     OTHER CODE:
---PAYMENT SUMMARY---
    COOLING CODE:          b                                     TOTAL
        BENEFIT:      0329.00                                    329.00
           PAID:      329.00                                     329.00
      TO BE PAID:        .00                                        .0
                                         NEXT CASE #

 1M-MENU 2C-MENU 3     4     5     6     7     8NEXT  9     10RSTAR
```

Bill for $329.00 has been paid and case closed by the system. *Note the C0 disposition Code.*

To provide another type of assistance complete the following:
Disp. Code: Enter ED to determine eligibility of the case.

Cooling Benefit: Enter exact amount for type of assistance requested if known.

*Bill/Ck: enter exact amount of security deposit for SDOP vendor******

Cooling Code: Enter the appropriate code:
A = Portable Fan   D = Electric Security Deposit
B = Install Air Conditioner   E = Install ceiling/attic/whole house fan
C = Repair Air Conditioner   F = Repair ceiling/attic/whole house fan.
   (central air/ heat pump)   G = Electricity payment
                                     H = Pick up Air Conditioner

Vendor: Select from the Cooling vendor list for locality.

Acct #: Required for codes D and G, security deposit and electricity bills.

Acct Last Name, First & M. Init: Required for D security deposit & G electric bill.

Sec Dep Type: Put code 1 in position 2 when assistance is for a security deposit.
*Bill check amount is not completed for Security Deposit Option Vendors

The case was "EDed" for another type of assistance and is now in R4 status.

Additional information is needed to generate another credit authorization to another vendor.

The following must be completed upon receipt of the bill:

Bill/Ck: with leading zero enter dollar bill amount, e.g.0200 then enter cents. DO NOT ENTER A DECIMAL. This entry will not display.

Confirm Amount: Repeat bill/check amount entry

Total Bill Amount: Enter total bill amount including money paid by other resources

Other Paid Amount: Enter the amount paid through other resources for this emergency.

Other Code: Enter the appropriate codes to indicate all the resources:
    A = Paid by Household Member
    B = Paid by Private Community Resource
    C = Paid by Public/Governmental Resource
    D = Paid by non-household member (individual)

NOTE: Other resources are entered with the first of multiple payments. Enter amount of other resource one time only regardless of the number of cooling payments it will take to resolve the problem.

TRANSMIT using F8 or F1

29

```
CAP216 ENERGY ASSISTANCE - COOLING - CLIENT INPUT    CLIENT IS ACTIVE   05/28/03
                                                                        19:27:13
PRES LOC: 001        CASE#: 007008079000        WKR: X123

== PART 4 = COOLING ASSISTANCE ===============================================
COOLING APPL DATE: 05/16/2003    DISP DATE: 05/28/03    DISP CODE: C0
COOLING BENEFIT: $0000.00 BILL/CK: $    .    AGY ISSU? N CK DATE:    /  /
COOLING CODE: d    VENDOR#: 100134    PAY IND:        ACCT#: 045521320
ACCT LAST NAME: Anyone           FIRST: Can           M-INIT: B
SEC DEP TYPE: 1      COOL WARRANTY YRS: 5   BEGIN DATE: 06/2003  (MMYYYY)
CONFIRM AMT: $    .     TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .    OTHER CODE:
---PAYMENT SUMMARY---
   COOLING CODE:     b       d                              TOTAL
       BENEFIT:    0329.00 0200.00                          529.00
          PAID:     329.00  200.00                          529.00
      TO BE PAID:      .00     .00                              .0
                                          NEXT CASE #


1M-MENU 2C-MENU 3     4     5     6     7     8NEXT 9     10RSTART
```

```
CAP216   ENERGY ASSISTANCE - COOLING - INQUIRY    CLIENT IS ACTIVE   05/24/05
                                                                     10:19:19
PRES LOC: 017        CASE#: 147002904005        WKR: x102

== PART 4 = COOLING ASSISTANCE ===============================================
COOLING APPL DATE: 05/24/2005    DISP DATE: 05/24/05    DISP CODE: R4
COOLING BENEFIT: $0100.00 BILL/CK: $    .    AGY ISSU? N CK DATE:    /  /
COOLING CODE: G    VENDOR#: 100392    PAY IND:        ACCT#: 2544584
ACCT LAST NAME: JONES            FIRST: NANCY          M-INIT:
SEC DEP TYPE:        COOL WARRANTY YRS:    BEGIN DATE:   /    (MMYYYY)
CONFIRM AMT: $    .     TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .    OTHER CODE:
---PAYMENT SUMMARY---
   COOLING CODE:     C       R       G                      TOTAL
       BENEFIT:    0000.00 0050.00 0100.00                  150.00
          PAID:      0  .    50.00 0  .                       50.00
      TO BE PAID:      .00     .00  100.00                   100.00
                                          NEXT CASE #


1M-MENU 2C-MENU 3GEN     4     5     6     7     8NEXT 9     10SIGNOF
```

SECURITY DEPOSIT OPTION PAYMENTS

This case has been paid and closed by the system.

If the vendor selected had been a Security Deposit Option Vendor no bill check amount would be necessary and the case would automatically close with disposition code C0 – Deposit waived or payment made.

The exact amount of the deposit must be entered in the benefit amount field.

CREDIT AUTHORIZATION RETURNED - CHANGES

Credit authorization returned and requested assistance not provided. Re-access this case. Press the F6 key to go to the cooling screen. Enter CX to close the case. Enter the case number again at the bottom and F8. The case will be closed and you will see the general screen for the case again. Press the F6 key for the cooling screen. Complete the **appropriate** following transaction:

To pay trip charge, enter exact amount of bill not to exceed $50.00. Change cooling code "C" or "F" to code "R". Encumber and pay "R" at the same time. No Credit Authorization is issued for "R", or...

To Change Type of Assistance and/or Vendor –Enter "ED" to determine eligibility on the case. Enter the maximum benefit amount for new type of assistance (change cooling code from "C" to "H" or "B" **or** "F" to "E", "B", or "H" and/or enter the new vendor number.

Transmit using F1 or F8 for new credit authorization issuance.

```
CAP216   ENERGY ASSISTANCE - COOLING - INQUIRY      CLIENT IS ACTIVE  05/05/05
                                                                        09:08:58
PRES LOC: 017          CASE#: 680016406008       WKR: x102

== PART 4 = COOLING ASSISTANCE =============================================
COOLING APPL DATE: 05/04/2005    DISP DATE: 05/05/05    DISP CODE: cx
COOLING BENEFIT: $0000.00 BILL/CK: $    .    AGY ISSU? N CK DATE:    /  /
COOLING CODE: r    VENDOR#: 001001   PAY IND:       ACCT#: 123123123
ACCT LAST NAME: Jones          FIRST: John       M-INIT:
SEC DEP TYPE:        COOL WARRANTY YRS: 5  BEGIN DATE: 05/2005   (MMYYYY)
CONFIRM AMT: $    .    TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .    OTHER CODE:
---PAYMENT SUMMARY---
   COOLING CODE:       d      b      g      r              TOTAL
       BENEFIT:    0000.00 0329.00 0200.00 0000.00         529.00
          PAID:    0    .    329.00  200.00 0    .          529.00
     TO BE PAID:       .00     .00     .00     .00             . 0
                                        NEXT CASE #


1M-MENU 2C-MENU 3GEN   4      5      6      7      8NEXT  9     10SIGNOF
```

Case closed ready for same day change. No notice is
generated to the customer.

```
CAP216   ENERGY ASSISTANCE - COOLING - INQUIRY      CLIENT IS ACTIVE  05/24/05
                                                                        10:19:19
PRES LOC: 017          CASE#: 147002904005       WKR: x102

== PART 4 = COOLING ASSISTANCE =============================================
COOLING APPL DATE: 05/24/2005    DISP DATE: 05/24/05    DISP CODE: R4
COOLING BENEFIT: $0100.00 BILL/CK: $    .    AGY ISSU? N CK DATE:    /  /
COOLING CODE: G    VENDOR#: 100392   PAY IND:       ACCT#: 2544584
ACCT LAST NAME: JONES          FIRST: NANCY      M-INIT:
SEC DEP TYPE:        COOL WARRANTY YRS:    BEGIN DATE:    /      (MMYYYY)
CONFIRM AMT: $    .    TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .    OTHER CODE:
---PAYMENT SUMMARY---
   COOLING CODE:       C      R      G                     TOTAL
       BENEFIT:    0000.00 0050.00 0100.00                 150.00
          PAID:    0    .    50.00 0    .                    50.00
     TO BE PAID:       .00     .00  100.00                  100.00
                                        NEXT CASE #


1M-MENU 2C-MENU 3GEN   4      5      6      7      8NEXT  9     10SIGNOF
```

Results of paying trip charge in accordance with previous
instructions, Credit Authorization Returned – Changes

SHORT DENIAL ENTRY
Used for new cases, cases not activated or cases in "P" or "D" Status

Make sure you complete the Heating Information if it is known.

SELECT "COOLING DENY A CASE/CLIENT" FROM THE CASE/CLIENT MENU
Complete the following:

Worker ID

PART 1 - CLIENT INFO

Applicant legal name, no nicknames

Service Address:
DO NOT PUNCTUATE.
Enter house number, street name and Apt #
Mailing address: Re-enter address Or P O Box, General Delivery, RFD, etc)

Phone Number

MO Income : using leading zeros enter dollar amount

Enter the income codes
This is a new required field.

Medical Ded: enter the number of people disabled or age 60 and over

Cooling application date

Disposition Code: reason for denial

F8 to complete the short denial

DENIAL CODES

DI = Failed to provide income verification	DQ = Not responsible for cooling bills or equipment
DJ = Member of another household	DR = Applicant's request
DK = Assistance available once per program year.	DS = Assistance offered would not ensure cooling
DN = Other resources have met need	DT = Cooling Application received after deadline
DO = Requested assistance not offered	DU = Death of only eligible household member
DP = Moved or Unable to locate applicant	DV = Not a resident of this locality
	DY = Failed to provide non-financial verification

```
CAP212 ENERGY ASSISTANCE - COOLING - CLIENT INPUT | CLIENT IS INACTIVE  05/05/05
                                                                        09:18:15
PRES LOC: 017          CASE#: 730025606009        WKR: x102
PART 1  CLIENT DATA . . . . . . . . . . . . . . . .
CLIENT LAST: EASTER         FIRST: SHARON        MIDDLE: A
SERVICE ADDR:8008 CLAYSTREET RD          MAIL ADDR:PO BOX 106
CITY: CHURCH ROAD      ST: VA   ZIP-CODE: 23833   PHONE: (804)255-3565
SSN : 224845202  SEX: F  RACE: 2  ETHNIC: 2     SPOUSE SSN:
E-MAIL ADDRESS: easterbunny@comcast.net
PART 2A COOLING DATA . . . . . . . . . .
LIVING ARRANGE: a CITIZEN: a 60/OVER  : N  DISABLED  : Y
UNDER AGE 6: N  # IN HH: 02  PRIM FUEL: 1  EQUIP TYPE:    MO INC: $00827.00
INC TYPES: FABC        COUNTABLE INC:$00802.00     PA?: y  MEDICAL DED: 01
PART 2B HEATING DATA . . . . . . . . . .
EXP: y FUEL TYPE: 1 FUEL VENDOR: 100392 FUEL ACCT#: 122222111222

                                       NEXT CASE #


 1        2        3        4F-FUEL 5      6C-COOL 7      8N-NEXT 9      10RSTART
```

```
CAP216   ENERGY ASSISTANCE - COOLING - INQUIRY  |  CLIENT IS ACTIVE  05/05/05
                                                                     09:23:59
PRES LOC: 017          CASE#: 730025606009        WKR: x102

== PART 4 = COOLING ASSISTANCE ===========================================
COOLING APPL DATE: 05/05/2005     DISP DATE: 05/05/05    DISP CODE: dr
COOLING BENEFIT: $0000.00 BILL/CK: $    .    AGY ISSU?   CK DATE:   /  /
COOLING CODE: g     VENDOR#: 100392    PAY IND:       ACCT#: 1212121212
ACCT LAST NAME: Easter         FIRST: John       M-INIT:
SEC DEP TYPE:        COOL WARRANTY YRS:    BEGIN DATE:   /      (MMYYYY)
CONFIRM AMT: $   .   TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $   .    OTHER CODE:
---PAYMENT SUMMARY---
   COOLING CODE:                                            TOTAL
        BENEFIT:                                            0   .
           PAID:                                            0   .
     TO BE PAID:                                            0   .
                                       NEXT CASE #


1M-MENU 2C-MENU 3GEN    4        5        6        7        8NEXT    9    10SIGNOF
```

DENY CASE USING ADD OR CHANGE CASE/CLIENT FUNCTION

Update as appropriate being sure to fill in the heating information if known.

Enter local denial code

Enter the appropriate Cooling code:

A = Portable Fan

B = Purchase and Install Air Conditioner

C = Repair Air Conditioner (central air or heat pump units only)

D = Electric Security Deposit

E = Purchase and Install ceiling/attic/whole house fan

F = Repair ceiling/attic/whole house fan.

G = Electricity payment

H = Pick up Air Conditioner

ENERGY ASSISTANCE PROGRAM

CRISIS ASSISTANCE COMPONENT

QUICK REFERENCE GUIDE

NOVEMBER 2004

A HOW TO BOOKLET

TABLE OF CONTENTS

HELP

POLICY QUESTIONS

1. Research answer in the manual.
http://www.localagency.dss.state.va.us/divisions/bp/ea/manual.cgi

2. Ask your Supervisor giving him/her any manual reference.

3. Try http://www.localagency.dss.state.va.us/divisions/bp/ea/faq.cgi

DATA ENTRY QUESTIONS

1. Research procedure in Crisis Quick Reference Guide.

2. Note all error message numbers and follow instructions for each.

NEW INFORMATION/QUESTIONS

1. Check FAQ, Helpful Hints, Broadcast system or e-mail.

2. **IF Unresolved...**
The agency contact person can email dishelpdesk@dss.state.va.us or call the Magic Helpdesk @ 1-800-223-8846. Select Option 1 for an operator. Be prepared with your policy or procedural question, case name and number, or system problem. For a system problem indicate which function used, error message and number in the top left corner of the screen.

BILLING QUESTIONS

Local agencies are responsible for resolution of Crisis billing problems. Bills for crisis payments are keyed locally. Agencies must ensure that an **itemized bill** is attached to the credit authorization and charges are appropriate prior to paying the bill.

If you have billing related questions or problems contact the Helpdesk at 1-800-223-8846 or Kristen Miles at 804-726-7373.

VENDOR AGREEMENT QUESTIONS

Email dishelpdesk@dss.state.va.us or call the Magic Helpdesk at 1-800-223-8846. Select Option 1 for an operator. Questions regarding terms of the vendor agreement or any request to change service area should go through MAGIC. New vendors wanting to sign an agreement should also be referred to the Helpdesk. They can use email or call. Response will be provided within 3 working days.

PROGRAM CONTACTS

A contact person is assigned to each locality. However, whomever is available will respond to the questions submitted through the Helpdesk. Allow at least 3 working days for response to your question.

ACRONYMS

ADAPT	Application Benefit Delivery Automation Project		IEVS	Income Eligibility Verification System
AG	Auxiliary Grant		LDSS	Local Department of Social Services
BD	Benefit Determination		LIHEAP	Low-Income Home Energy Assistance Program
BP	Benefit Programs		LP	Liquid Propane (bottled gas)
CA	Credit Authorization		LWA	Local Welfare Agency
CAP	Community Action Program		LWAP	Local Weatherization Agency Project
CID	Case Input Document		MAX	Maximum
CRISIS	Crisis Assistance Component		PA	Public Assistance
DOB	Date of Birth		QRG	Quick Reference Guide
EAP	Energy Assistance Program		SDX	State Data Exchange
ED	Eligibility Determination		SEW	Senior Eligibility Worker
ESP	Employment Services Program		SSA	Social Security Administration
EW	Eligibility Worker		SSI	Supplemental Security Income
FA	Fuel Assistance Component		SVES	State Verification Exchange System
FC	Foster Care		TANF	Temporary Assistance to Needy Families
FIPS	Agency locality code		TD	Turnaround Document
FS	Food Stamps		VACIS	Virginia Client Information System
GR	General Relief		VDSS	Virginia Department of Social Services
HH	Household		VIEW	Virginia Initiative for Employment Not Welfare
HO	Home Office		WAP	Weatherization Assistance Program

AGENCY USE ONLY:

Locality/FIPS_____   Case #_____   ADAPT #_____   Date Application Received_____   Worker #_____

CRISIS ASSISTANCE APPLICATION   *accepted from November 1 through March 15*

PLEASE ANSWER ALL QUESTIONS COMPLETELY   **In what city or county do you live?** _____

Part I

Name_____   SEX:__**M**__**F**   Are you Hispanic or Latino? ____**YES** ____**NO**

          Last   First   Middle Initial

Race (**Circle One**)   **1**. White   **2.** Black or African American   **3.** American Indian or Alaskan Native   **4.** Asian   **5.** Native Hawaiian or other Pacific Islander   **0.** Other

Service Address_____City/State_____Zip_____   Day Phone: _____

Mailing Address _____City/State_____Zip_____   Home Phone:_____

Directions to home _____Email Address _____

PART II

1. What is your crisis need? (Check all that apply)   ___**A.** Heating equipment repair   ___**B.** Purchase of Heating Equipment   ___**D.** Payment of security deposit

   ___**D.** Deposit for LP Gas Tank   ___**F.** Purchase of portable space heater   ___**G.** Emergency Shelter   ___**T.** Supplemental Equipment or Equipment Maintenance

Effective January 1, Crisis emergency fuel is available: ___**W.** Fuel Low (How much fuel do you have left in your tank? _____)   ___**X.** Payment of primary heat utility bill

2. Circle the letter that best describes your present living situation. Read each one before you choose. CIRCLE ONLY ONE.

A. I own or am buying my home and **pay all heating bills**.

B. I own or rent my home and do not pay a heating bill.

C. I pay rent and also **pay for heat separately.**

E. I pay rent & my heat is **included in the rent payment.**

F. I live in subsidized housing Section 8, HUD, Public Housing, and **occasionally pay excess usage charges**.

G. I live in Section 8 housing, HUD, subsidized housing, & **regularly pay some or all of my heating bills**.

I. I live in one room in someone else's house.

L. I live in an institution, group home, treatment center or home for adults.

P. I live rent-free in more than one room, house or apartment and pay for heat/cooling.

Q. I live in an emergency shelter. I have arranged to move into a house, apartment or more than one room.

3. Are all people in your household United States citizens?   ___YES ___NO   If no, who?_____

4. Is anyone in your household disabled?   ___YES ___NO   If yes, who?_____

5. How many people live in your household? [#   ]   List yourself first and every person living in the home.   **Complete information for each person**.

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly monthly	LIST ALL SOURCES OF INCOME Employer for earned income, Self-employed, Social Security, SSI, VA benefit, Child Support, etc.
				Y	N			
	Self							

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3

6. **Circle ALL types of household income:**   **A.** TANF   **B.** Social Security   **C.** SSI   **D.** Unemployment   **E.** Employment or Self-employed   **G.** General Relief

     H. VA Benefits   **N.** Worker's Compensation   **Q.** Support or Alimony   **U.** Rental Income   **W.** Retirement   Other: specify_____

7. Do you receive a check from the Division of Child Support Enforcement? ___YES ___NO   How much? _____   Who pays the child support?_____

8. Did you or any household member receive Fuel, Crisis or Cooling Assistance in the past 12 months? ___YES ___NO   If yes, case name_____

9. Does any household member receive Food Stamps?   ___YES ___NO   If yes, case name_____

10. Does anyone pay for Medicare, Part B insurance?   ___YES ___NO   If yes, who?_____ How much? $_____

11. Does any household member receive Medicaid?   ___YES ___NO   If yes, case name_____

12. Is Medicaid Home & Community-Based Care received? ___YES ___NO   If yes, by whom?_____ Patient pay amount is $_____

13. **Circle equipment** used most frequently to heat your home. **CIRCLE ONLY ONE.**

     A. Furnace   **B.** Radiator   **C.** Portable Heater   **D.** Vented Space Heater (heater with outside exhaust)   **E.** Baseboard   **F.** Heat Pump

       G. Fireplace   **H.** Coal or Wood Stove   **J.** Cookstove   **K.** None   **L.** Unknown

14. Who owns or is responsible for purchase or repairs of your heating equipment? _____

15. Describe any current problem with your heating equipment _____

16. If your stove or furnace is not working, do you have another heat source? ____YES ____NO   If yes, what? ____Fireplace ____Wood Stove ____Portable Space Heater ____Other

17. **Circle** the fuel used most frequently to heat your home. **CIRCLE ONLY ONE.**

     1. Electricity   **2.** Natural Gas   **3.** Oil (#2)   **4.** Clear Kerosene   **5.** Coal   **6.** Wood   **7.** Liquid Propane (LP)/Bottled Gas   **0.** Red Kerosene

       What size is your fuel tank? ___ gallons

18. Name and address of the company used for home heating. _____

   Verification from the utility company is needed if you heat with electricity or natural gas. **Attach a copy of your current electric or gas bill.** A Crisis Assistance benefit can only be paid if you owe a balance that will lead to disconnection of your service. Complete the following:

   In whose name is the bill? _____ Account Number_____ Who is responsible for paying the bill? _____

19. Do you have a family member or friend who can provide you with temporary shelter? ____YES ____NO

<div align="center">APPLICANT'S CERTIFICATION</div>

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local department of social services has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtained assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the Department of Social Services may use information on this application or that I may be contacted for the purposes of research, evaluation and analysis to the extent allowed by state and federal law. My signature authorizes the Department of Social Services to obtain any verification needed to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have or may request assistance.

Applicant Signature or Mark and Witness_____ **Date**_____

Completed on behalf of applicant by: _____ **Date**_____

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COMMONWEALTH OF VIRGINIA   FIPS_____
DEPARTMENT OF SOCIAL SERVICES

CRISIS ASSISTANCE WORKSHEET/EVALUATION   Application Date: _____

CASE NAME_____   CASE #_____

PART I - NONFINANCIAL ELIGIBILITY FACTORS

1. Application signed? ____YES ____NO	9. Is this a PA case? ____YES ____NO	
2. Does HH live within locality? ____YES ____NO	10. Is HH responsible for heating equipment? ____YES ____NO ____N/A	
3. Are all household members U.S. citizens? ____YES ____NO	11. Is there a heating expense? ____YES ____NO ____N/A	
4. Homeowner? ____YES ____NO	12. Are there children under age 6? ____YES ____NO	
5. Renter? ____YES ____NO	13. **What is the total # of eligible people in HH?** ____	
6. Roomer? ____YES ____NO		
7. Verified disabled household member? ____YES ____NO ➔ If yes, how many? ____	How verified? _____	
8. Household member age 60 or over? ____YES ____NO ➔ If yes, how many? ____	**TOTAL # PEOPLE ELIGIBLE FOR MEDICAL DEDUCTION?** ____	

PART - II FINANCIAL ELIGIBILITY FACTORS

INCOME CALCULATION   VERIFICATIONS OF INCOME

		Date Received	Gross Amount	Date & Method of Verification
Countable Unearned Income	$_____			
Profit from self-employment	+_____	_____	_____	_____
Countable Earned	+_____	_____	_____	_____
Minus:		_____	_____	_____
Medicare Part B Premium	-_____	_____	_____	_____
Medicaid (CBC) Patient Pay	-_____	_____	_____	_____
DO NOT SUBTRACT $25 MEDICAL DEDUCTION		_____	_____	_____
COUNTABLE GROSS INCOME	$_____	**INCOME ELIGIBLE?** ____YES ____NO		

PART III - ASSISTANCE REQUESTED/NEEDED

1. **Heating Equipment Repair (A)**: **Equipment Type:**   **A.** Furnace   **B.** Radiator   **C.** Portable Heater   **D.** Vented Space Heater (heater with outside exhaust)

   E. Baseboard   **F.** Heat Pump   **G.** Fireplace   **H.** Coal or Wood Stove   **J.** Cook stove   **K.** None   **L.** Unknown

   A. Does lease, rental agreement or written landlord statement verify repair responsibility? ____YES ____NO ____N/A
   B. Is the equipment inoperable or unsafe? ____YES ____NO
   C. Are additional funds needed for repair? ____YES ____NO   Amount? $_____   If yes, go to Part IV.

2. **Purchase or Replace**   ____Primary Heating Equipment (**B**)   ____Portable Space Heater (**F**)
   A. Does household have operable equipment? ____YES ____NO
   B. Is this a no heat situation? ____YES ____NO ____N/A
   C. Does lease, rental agreement or written landlord statement verify repair responsibility? ____YES ____NO ____N/A
   D. Is there a warranty on existing equipment? ____YES ____NO ____N/A   Date of purchase? _____   #Warranty years? _____
   E. Was equipment previously purchased by Energy Assistance Program? ____YES ____NO
   F. Is the equipment inoperable or unsafe? ____YES ____NO
   G. If portable space heater is needed, are family or friends available to house applicant's HH? ____YES ____NO
   H. Are additional funds needed for purchase? ____YES ____NO ____N/A   Amount? $_____   If yes, go to Part IV

3. **Security Deposit (D):** _____Electricity **(1)** _____Natural Gas **(2)** _____LP Tank **(7)** Cutoff Notice? _____YES _____NO _____N/A

    A. Has HH previously received this assistance? _____YES _____NO   C. Required for primary heat source? _____YES _____NO

    B. Is account in household member's name? _____YES _____NO   D. Verified HH has applied for service? _____YES _____NO ___N/A

                                                                              E. Does assistance ensure service? _____YES _____NO

4. **Emergency Shelter (G)**

    A. Is there any heat in the home? _____YES _____NO   C. Are family/friends available to house applicant's HH? _____YES _____NO

    B. Does expected temperature warrant heat? _____YES _____NO   D. Was this assistance previously received? _____YES _____NO

5. **Supplemental Equipment (T):** ____Fuel Tank ____Tank Stand ____Mats ____Chimney ____Thermostat ____Flue ____Lines ____Blower ____Other Accessory

    A. Does lease, rental agreement or written landlord statement verify repair responsibility? _____YES _____NO ____N/A

    B. Is the equipment inoperable or unsafe? _____YES _____NO

    C. Are additional funds needed for purchase? _____YES _____NO Amount? $_____

6. **Equipment Maintenance (T):** ____Inspection ____Filters ____Chimney Cleaning ____Duct Cleaning ____Clearing Obstructions ____Repairing Leaks ____Other

    A. Does lease, rental agreement or written landlord statement verify repair responsibility? _____YES _____NO _____N/A

    B. Is the equipment inoperable or unsafe? _____YES _____NO

    C. Is warranty coded in EAP system on existing equipment? _____YES _____NO _____N/A

    D. Will warranty cover maintenance? _____YES _____NO

7. **Primary Heating Fuel (W):**

    ____#2 Oil **(3)** ____Clear Kerosene **(4)** ____Coal **(5)** ____Wood **(6)** ____LP Gas **(7)** ____Red Kerosene **(0)** Tank Size? _____ Amount in Tank? _____

    A. Was Fuel Assistance received this program year? ____YES ____NO   C. Does HH have no heat or the potential for no heat? _____YES _____NO

    B. Was this type of assistance received this year? ____YES ____NO   D. Is HH out of fuel or have a low supply? _____YES _____NO

8. **Primary Utility Heating (X)**: ____Electricity **(1)** ____Natural Gas **(2)** Bill seen? _____YES _____NO Cutoff Notice? _____YES _____NO

    A. Was Fuel Assistance received this program year? ____YES ____NO   C. Does HH have no heat or the potential for no heat? _____YES _____NO

    B. Was this type of assistance received this year? ____YES ____NO   D. Is HH out of fuel or have a low supply? _____YES _____NO

PART IV - OTHER RESOURCES Required if yes in Part III, 1.C. or 2.H

1. Are community resources available? _____YES _____NO If yes, what? _____

2. Are other resources needed to pay for full need? _____YES _____NO If yes, contributor's name & amount contributed _____

3. Is co-payment required? _____YES _____NO Date paid? _____ Amount paid? $_____

4. Will assistance and/or other resources pay for purchase/repair of equipment or continue or restore service? _____YES _____NO

PART V - ELIGIBILITY RECOMMENDATION

_____Eligibility Determination, "ED" Approved for (type(s) of assistance) _____ _____Ineligible, indicate local denial code _____

Eligibility Worker Signature: _____ Worker #_____ Date_____

COMMENTS:

Part I   Complete all questions. Deny application if question:

      #1 is NO   #10 is NO and application is for purchase or repair.

      #2 is NO   #11 is NO and application is for fuel or security deposit

      #6 is YES

Part II   Enter date income received, income amounts and method of verification. Total all countable income and determine if eligible. If ineligible, deny application. If eligible, continue to Part III for processing.

Part III   Complete all parts for the types of assistance requested and being evaluated.

    1. **Repair** - Select type of primary heating equipment needing repair and respond to the following:

A. **If yes or N/A**, process case. **If no**, deny application
B. **If yes**, process case. **If no**, deny application
C. **If yes**, indicate amount needed and complete Part IV. **If no**, continue processing

    2. **Purchase or Replace** - Select primary heating equipment or portable space heater and respond to the following:

A. **If yes,** deny application. **If no**, continue processing.	E. **If yes,** and 2. D. is yes, deny application. **If no**, continue processing.
B. **If yes**, process case. **If no**, deny application.	F. **If yes**, continue processing. **If no**, deny application.
C. **If yes or N/A**, process case. **If no**, deny application.	G. **If yes**, deny application. **If no,** continue processing
D. **If yes,** and 2.E is yes, deny application or request warranty removal per policy. Indicate date of prior purchase and number of warranty years. Refer applicant to manufacturer. **If no**, continue processing.	H. **If yes**, indicate amount needed and complete Part IV. **If no**, continue processing.

    3. **Security Deposit** - Select **type of security deposit** requested and indicate whether there is a cut-off notice. **If yes or N/A,** continue processing. Cut-off must be verified. Respond to the following:

A. **If yes**, deny application. **If no**, continue processing.	D. **If yes or N/A,** process case. **If no,** deny application.
B. **If yes**, process case. **If no**, deny application.	E. **If yes,** process case. **If no**, complete Part IV.
C. **If yes**, process case. **If no**, deny application.	

    4. **Emergency Shelter** - Respond to the following:

A. **If yes,** deny application. **If no**, continue processing.	C. **If yes,** and 2.E is yes, deny application or request warranty removal per policy. Indicate date of prior purchase and number of warranty years. Refer applicant to manufacturer. **If no**, continue processing.
B. **If yes**, process case. **If no**, deny application.	D. **If yes**, deny application. **If no**, continue processing.

5. **Supplement Equipment** - Select one or more requested types of equipment and respond to the following:

A. **If yes or N/A**, continue processing. **If no**, deny application.
B. **If yes or N/A**, continue processing. **If no**, deny application.
C. **If yes**, indicate amount needed and complete Part IV. **If no**, continue processing

6. **Equipment Maintenance** - Select one or more requested maintenance requirements and respond to the following:

A. **If yes or N/A**, continue processing. **If no**, deny application	C. **If yes**, deny application. **If no or N/A**, continue processing.
B. **If yes**, continue processing. **If no**, deny application.	D. **If yes**, deny application. **If no**, continue processing.

7. **Primary Heating Fuel** - Select the type of **fuel** indicated on the application. Record tank size for fuel types 3, 4, and 0 if appropriate. Indicate amount of fuel oil in the tank or the bottled gas gauge indicator for fuel type 7 at the time of application.

A. **If yes**, deny application **if** Fuel Assistance benefits have not been exhausted. **If no**, continue processing.	C. **If yes**, continue processing. **If no,** deny application.
	D. **If yes**, continue processing. **If no**, deny application.
B. **If yes**, deny application. **If no**, continue processing.	

8. **Primary Utility Heating** - For natural gas or elect electricity indicate whether the bill has been seen and if it was a cutoff notice. If yes record the account number in the case record. If no, request the account number from the customer.

A. **If yes**, deny application **if** Fuel Assistance benefits have not been exhausted. **If no**, continue processing.	C. **If yes**, continue processing. **If no,** deny application.
	D. **If yes**, continue processing. **If no**, deny application.
B. **If yes**, deny application. **If no**, continue processing.	

Part IV - OTHER RESOURCES   If additional community resources are needed to pay for equipment or to continue or restore service, confirm and document that payment from other resources has been or will be made. If a combination of Crisis Assistance and additional community resources will not cover payment in full, **deny application.** Respond to the following:

1. **If yes**, deny application. **If no**, continue processing.	3. **If yes**, verify date and amount paid. If payment is sufficient, continue processing. **If no**, continue processing.
2. **If yes,** verify and document resource, continue processing. **If no**, continue processing	4. **If yes**, continue processing. **If no,** deny application

Part V - Eligibility Recommendation - Indicate whether application should be entered into the computer system for eligibility determination or whether the application is ineligible. If eligible, indicate type or types of assistance for which case is being approved, for example, heating equipment repair, emergency shelter, etc. If ineligible, indicate the appropriate denial code. Sign, indicate worker number and date.

Make notes for documentation purpose under COMMENTS section.

FORMS

Forms can be found at http://www.localagency.dss.state.va.us/divisions/bp/ea/forms.cgi. or in the forms warehouse at http://www.localagency.dss.state.va.us/divisions/dgs/warehouse.cgi.

PAPER REPORTS

FAP-08R-1, A bi-weekly alpha report containing case #, Worker I.D., application date, max benefit amount, disposition date and status, amount paid to date, and remaining benefit. Use as a monitoring tool for agency workers and client inquiry.

SYSTEM GENERATED REPORTS

Listed below are reports that can be either viewed or printed at the local agency. Reports are updated daily should be checked daily. Instruction on inquiring on these reports can be found in the Crisis System Inquiries module found on the Energy Assistance web training site.

LOC MASTER	Encumbrances and expenditures by program component are provided. Enter a locality FIPS code for local statistics or 990 for statewide statistics.
RETURNED CHECKS	Lists returned or undeliverable client checks. Action must be taken within 5 days to reissue or cancel.
APPROVED VENDORS	A list of all vendors for a locality and the type of service provided by the vendor.
UNPAID CRISIS	Provides, optionally by worker, agency or vendor, an alpha listing of approved cases updated daily for which no payment has been made. Worker #, case name, case #, crisis type and amount unpaid are displayed.
CRISIS PENDING	Provides, optionally by worker or agency, an alpha listing updated daily of all pending crisis applications. Worker # case name, case #, application date, crisis type and # of days pending is displayed.
EQUIPMENT DENIALS	Provides list of denied Fuel applications and closed cases due to ineligible equipment type codes. Review list to determine accuracy of coding or need for Crisis application. Case action will be reflected in updated listing which provides case number, denial or closure, original disposition date, heating equipment type, last fuel disposition & disposition date, last Crisis disposition, last Crisis disposition date, client's last name, and locality FIPS
FUEL/CRISIS EFFECTIVENESS REPORT	Statewide and local case count and expenditure statistics for the previous season used for reporting to General Assembly. The number of cases needing assistance from other programs and select denial reasons are shown to provide an idea of unmet needs.

VENDOR LIST - ACCESSING AND READING

Note: Dual localities should **highlight their locality FIPS** code at the top of the page to avoid confusion.

Click *Energy Assistance Inquiry* on the TUMS menu.

Tab down to *Reports Menu* and press enter

Tab down to *Approved Vendors* and press enter.

Press the *F7* key to print your list

The following fields are displayed across the page:

Vendor #   A six digit number beginning with 100 has been assigned to each vendor.

Services & Fuel   *Services or fuel* provided by the vendor are identified by code for the Crisis Component to the **left** of the field.

A = Repair Heating Equipment	R = Trip Charge
B = Purchase of Heating Equip	T = Heating Equipment Maintenance or accessories
D = Security Deposit	W = Primary Deliverable Fuel (oil, kerosene, wood, coal, or propane)
F = Buy Portable Space Heater	X = Primary Utility Fuel (electric or natural gas)
G = Emergency Shelter	

Vendor Name   Company name, city of location and the telephone number are shown.

VENDOR MASTER

From the main screen select Vendor Menu. From the Vendor Master tab to the Security Deposit Option Vendors and enter. This screen will provide you with a listing of all vendors who participate as Security Deposit Options Vendors. These vendors agree not to collect the security deposit if the customer pays their bill in a timely manner for the next 365 days. When you approve the security deposit to an option vendor the Crisis screen will show a C0 (zero) code in the disposition field with no money showing under payment summery where a "D" for Deposit is indicated.

INPUT DOCUMENTS

It is not necessary to use an Input document to record data to be entered on the system. If an Input document is used a clean document with no preprinted information is preferable for the initial entry of data. There are three types of input documents.

A **blank document** can be found http://www.localagency.dss.state.va.us/divisions/bp/files/ea/forms/General_Energy_Assistance/032-03-080-16.pdf .

"B" document = a computer generated document containing preprinted information taken from the Food Stamp database or from the Energy Assistance database based on matchable demographic data. Caution must be exercised when using a "B" document to activate this year's applications.

Turnaround Document (TD) = a computer generated document containing information from a previous component. Caution must be exercised when using a TD to activate this year's applications. It could cause incorrect data to be used if not corrected and updated with current information.

A turnaround document (TD) is optionally printed in the agency as a result of pending an application or when a change is entered in the system. The TD is printed when PID # is entered on the menu prior to entering/updating data. If a TD is not desired 999 must be entered in lieu of PID #.

ERRORS, CORRECTIONS & MESSAGES

Error messages result from incorrectly keyed information. Messages consist of a 3 digit numeric code and some have an alpha character, ex. 502A. The alpha character helps Data Systems identify the area in which the error has occurred in the system.   To resolve an error read the message carefully and correctly re-key the element in which the error has occurred.   If changing the information keyed in the element in question does not resolve your problem, print a copy of the screen showing the error message(s) or press Alt and Print Screen buttons simultaneously and paste screen copy into an email and send to your Program Contact.

Error correction and change requests are accomplished by submission of the Action Request Form. The Action Request Form is a generic form to request several different actions to be taken by your Energy Assistance Contact. This form can be obtained from VDSS Local Agency Internet, EA Forms or in BP Forms Energy Folder. Complete the appropriate section completely and forward this form by fax (804) 726-7358 or pouch to your Energy Contact or call of email in a MAGIC ticket at 1-800-223-8846 or dishelpdesk@dss.state.va.us.

Commonwealth of Virginia
Department of Social Services
Energy Assistance Program   **ACTION REQUEST FORM**

FROM: Locality/FIPS_____   Supervisor Name_____   Telephone Number_____   Date Received_____

The change indicated below is needed in the ____ Fuel, ____Crisis, ____ Cooling component of the following case:

Case Name _____   Case # _____

I. DELETE SSN	II. COOLING PAYMENT CORRECTION
_____ Client's SSN _____ Spouse's SSN	Correct Payment Amount : $_____
Spouse's Name:_____	
	Amount Keyed: $_____
SSN to be removed _____	
REASON :	To Be paid: $_____
	REASON:
Include copy of Client Data Screen showing SSN(s)	For Cooling Code B only. Include copy of the screen showing payment history
III. DIRECT PAY NEEDED	**IV. REMOVE WARRANTY OR SECURITY DEPOSIT**
Indicate Change Reason:	WARRANTY - Date currently in system? _____
_____ (A) Renter with heat/cooling included	
_____ (B) No vendor contract for fuel type	SECURITY DEPOSIT - Original Date _____
_____ (C) Fuel storage tank under 100 gallons	Vendor _____
_____ (D) Primary fuel type coal or wood	Which type? (Select one) (1) Electric (2) Nat. Gas (7) LP gas
_____ (E) Unique vendor, no contract exists	**REASON:**
_____ (F) Central Office decision or appeal (Contact will advise)	
_____ (G) Island pump purchases of oil/kerosene	
Change fuel type from _____ to _____	
Change equipment type from _____to _____	
Is this an agency error? _____ **Explain why change needed.**	
	Include copy of original equipment warranty whenever possible

EAP Specialist Signature: _____   Date: _____   Data Entry Date: _____   Disposition: _____
032-03-639/2 (11/02)

FAX OR POUCH TO YOUR DESIGNATED PROGRAM CONTACT SPECIALIST
FAX # (804) 726-7358

TROUBLESHOOTING

PROBLEM	ACTION

DIRECT PAYMENTS

PROBLEM	ACTION
Check not received	Check payment history screen to confirm it was issued. Follow procedures in Chapter E 5.
Name on check incorrect	Follow the cancelled check procedure in Chapter E 6. Change name in system. Request re-issuance through your Program Contact.

INCORRECT PAYMENT

PROBLEM	ACTION
Living arrangement Incorrect	Agency error. Repay overpayment to State. Pay underpayments to customer or vendor (Chapter E 4) *Or*
Living arrangement Incorrect	Customer error. Collect overpayment from the customer. Underpayments are not corrected (Chapter E 4)
Unpaid deposit options	Refer vendor representative to vendor's own central office for procedures to request payment.
Wrong Crisis Type	Complete COPE. Send copy of check/warrant with COPE. (form is in the VDSS Local Agency Internet, EA Forms) LDSS must pay correct vendor from local monies.

SYSTEM

PROBLEM	ACTION
Case number incorrect	Do not activate case. See Chapter E, App. A
Crisis code incorrect	Cannot correct. Retrieve CA, close case and reopen.
Deposit code incorrect	Call Help Desk to request change.
Social Security number incorrect	Do not activate case. Submit Action Request to EAP Contact. Wait for response.

VENDOR

PROBLEM	ACTION
Vendor number incorrect	Obtain incorrect CA and make change in the system.
Utility account number incorrect	Change account # in the system.
Change to Direct pay	Send Action Request to Program Contact.
No CA received by vendor	Check CA Inquiry for date generated; if more than a week ago call or Email the Help Desk for reissue.

DISPOSITION CODES

COMPUTER GENERATED

P1 = Pending

Codes resulting from "ED" (eligibility determination)

A1 = Approved
R1 = Reopen in new locality
R4 = Reopen in same locality

Denials

D1 = Income exceeds maximum income level
D3 = Ineligible living arrangement
D4 = No heating expense
D5 = Ineligible alien status
D7 = Warranty in effect
D8 = Security deposit previously received
D9 = Out of funds

Closures

C0 = Payment made, Deposit waived
C1 = Income exceeds maximum level
C3 = Ineligible living arrangement
C4 = No heating expense
C5 = Ineligible alien status
C7 = Warranty in effect
C8 = Security deposit previously received
C9 = Out of funds

LOCALLY ENTERED

Denials

DI = Failed to provide income verification
DJ = Member of another household
DK = Assistance available once per program year.
DM = No Crisis exists
DN = Other resources have met need
DO = Requested assistance not offered
DP = Moved or Unable to locate applicant
DQ = Not responsible for heating bills or equipment
DR = Applicant's request
DS = Assistance offered would not alleviate crisis
DT = Crisis application received after deadline
DU = Death of only eligible household member
DV = Not a resident of this locality
DW = Application already on file *(only for different case number)*
DY = Failed to provide non-financial verification

Closures

CI = Failed to provide income verification
CJ = Member of another household
CK = Assistance available once/program year
CM = No crisis exists or assistance would not alleviate crisis
CN = Other resources have met need
CO = Requested assistance not offered.
CP = Moved or unable to locate
CQ = Not responsible for heating bill or equipment
CR = applicant's request
CS = Assistance offered would not alleviate crisis
CT = Application received after deadline
CU = death of only eligible household member
CV = Not a resident of this locality
CW = Application already on file
CX = Changing Crisis type of assistance
CY = Failed to provide non-financial verification

CHANGING DISPOSITION CODES

P1 = System generated on initial entry; can be changed to ED for resulting A1 or R4 code. Also, can be changed to DI – DY for local denial.

ED= Eligibility Determination; results in an A1, C0 - C9, D1 - D9, or R4 disposition code

A1= Approved; DI to DY or CI - CY to deny or close the case.

D = Denied; any denial code can be changed to ED or P1 or to a local denial code of DI – DY.

C = Closed; any closure codes can be changed to ED for resulting R1 or R4 or an ED to CI – CY.

R1= Reopen in new locality; can be changed to ED for resulting R1 code or to DI - DY or CI - CY to deny or close the case

R4= Reopen in same locality; can be changed to ED for resulting R4 code or to DI - DY or CI - CY to deny or close the case.

NOTE: A CASE IN "C" STATUS CAN ONLY BE CHANGED TO ANOTHER "C" CODE.

LOCAL DISPOSITION CODE CLIENT NOTICE MESSAGES

Denial code and closure code second character is identical. Be sure to pick the code that best reflects the appropriate message for the case situation. Also determine appropriate use of closure or denial code from the changing disposition code section of this guide.

DI or CI = Failed to provide income verification
   Your application for crisis assistance was denied for failure to provide income verification of all persons in the home.

DJ or CJ = Member of another household
   Your application for crisis assistance was denied. You are considered a member of another eligible household.

DK or CK = Assistance available once per program year.
   Your application for crisis assistance has been denied. The type of assistance you requested is available only once per program year. Your household has already received assistance this program year.

DM or CM= No crisis exists

   Your application for crisis assistance has been denied. Your current situation is not considered a crisis in accordance with the rules of this Program.   The Program is unable to help you at this time.

DN or CN = Other resources have met need
   Your application for crisis assistance has been denied. You have received help with your situation from other sources and are no longer in need of assistance from this Program.

DO = Assistance requested not offered
   Your application for crisis assistance has been denied. The Energy Assistance Program does not offer the assistance you requested.

DP or CP = Unable to locate applicant
   Your application for crisis assistance has been denied. You have either moved from this locality or into someone else's home, or we have been unable to contact you.

DQ or CQ = Not responsible for heating bills or equipment
   Your application for crisis assistance has been denied. You have not provided proof that you are responsible for heating your home.

DR or CR = Applicant's request
   Your application for crisis assistance has been denied. You or a household member requested withdrawal of the application. If this information is incorrect, please contact the agency immediately.

DS or CS = Assistance would not alleviate crisis.
   Your application for crisis assistance has been denied. The maximum funds available for the type of assistance you requested would not

alleviate your crisis situation. The Program is unable to assist you at this time.

DT or CT = Application received after program deadline
Your application for crisis assistance has been denied. This is a seasonal Program and the application period has ended. Your application was received after the Program application period ended.

DU or CU = Death of only eligible HH member
The application for crisis assistance has been denied. A program eligible household member no longer resides in the home. Contact us if this information is incorrect.

DV or CV = Not a resident of this locality
Your application for crisis assistance has been denied because you do not live in this locality. Please apply prior to the application deadline in the locality where you reside.

DW or CW = Application already on file
Your application for crisis assistance has been denied. An application was previously received and approved for assistance. An additional application is not necessary.

CX = Allows the agency to change the crisis type or vendor.   A case should not be left in a CX status. Make the necessary changes the same day that you change the case disposition to CX.

DY or CY = Failed to provide non-financial verification.
Your application for crisis assistance has been denied for failure to provide requested verifications. Please contact the local agency and provide the requested verification for possible re-evaluation of your situation.

CRISIS ASSISTANCE TRANSACTIONS

The following pages provide guidance on processing applications for Crisis Assistance.

Instruction on the necessary data to be input into the system to accomplish a transaction on a Crisis Assistance application or to make changes to an active case is also provided.

Use function key **F5** to access the Crisis screen.

Only use function keys **F1 or F8** when you have completed a transaction.

Function key **F10** voids the transaction and allows you to start the transaction over.

CRISIS APPLICATION ON ACTIVE FUEL CASE
Prior to Fuel Benefit Determination

A Crisis Application can reveal **different household information** than that received in relation to the Fuel Application.

If updates or changes to household data **impact case eligibility**, the system will automatically go to the Fuel Screen with an "ED" displayed in the disposition field.

Fuel Assistance eligibility **must** be re-determined prior to determining eligibility for Crisis Assistance.

```
EAP2Ø5          ENERGY ASSISTANCE SYSTEM -- CASE/CLIENT MENU        10/27/Ø3
MON                                                                 17:Ø3:38
                                INQUIRY
        CASE NUMBER
                            - CASE/CLIENT
                            - CRISIS PAYMENT INQUIRY --------------->      (YEAR)
                            - MATRIX POINTS   (BLANK IF NO CASE NUMBER)
                            - PAYMENT HISTORY
                            - CREDIT AUTHORIZATION/ENROLLMENT LETTER INQUIRY
                            - CLIENT SOCIAL SECURITY NUMBER SEARCH
     LAST                     FIRST              MID INIT        -  CLIENT NAME SEARCH


                                UPDATE                      PID# FOR TD PRINT
                            - ADD OR CHANGE A CASE/CLIENT
                            - FUEL DENY A CASE/CLIENT
                            - CRISIS DENY A CASE/CLIENT
                            - PEND A FUEL CASE
      76Ø129Ø96ØØ9          - PEND A CRISIS CASE                     999
                            - PRINT TD          TERMINAL TO PRINT:

     NOTE: YOU ARE SIGNED ON TEST FOR FIPS 76Ø - RICHMOND          PID: 64145

  1M-Menu 2        3        4        5        6        7        8        9       1ØSgnOff
                      Ins                     Pg=1 Row=19 Col= 69        MSGW POLL
```

PENDING AN APPLICATION

Enter the case number of a new or existing case/application under UPDATE and enter the PID to print a Turnaround document. If no TD is wanted then enter 999, the field will zero fill.

TRANSMIT to complete required information for pending the application.

```
EAP231                ENERGY ASSISTANCE PROGRAM - PENDING          10/27/03
PRES LOC: 760                CASE#: 760133096005            WKR: G998

== PART 1 = CLIENT DATA ======================================================
CLIENT LAST: COLD              FIRST: WEE            MIDDLE: BEE
SERVICE ADDR: 1122 WINDY CIRCLE         MAIL ADDR: GENERAL DELIVERY
CITY: RICH          ST: VA    ZIP-CODE: 23224-       PHONE: (703)213-4567
SSN : 226087318   SEX: M   RACE: 2   ETHNIC: 2        SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA ===================================================
LIVING ARRANGE: A    CITIZEN: A    60/OVER: N
DISABLED: Y    UNDER6: N    # IN HH: 02    PRIMARY FUEL: 1    EQUIP TYPE: E
MO INCOME: $00950.00    INC TYPES: FB
PA?: Y    MEDICAL: 01    MATRIX POINTS:
== PART 4 = CRISIS DATA ======================================================
CRISIS APPLICATION DATE: 11/03/2003   DISPOSITION DATE: 1 /27/03   DISP CODE: P1
                              NEXT CASE:




1M-Menu 2C-Menu 3       4        5        6        7        8Next   9      10Rstart
```

PENDING NEW APPLICATION – Not known to the system

Complete the following:

Worker ID

PART 1 - CLIENT DATA

Applicant legal name, no nicknames
Service Address or delivery address: **Do not punctuate. Enter house number, street name and Apt. #**
Mailing address: Re-enter the service address if the same, otherwise enter P O Box, General Delivery, RFD, etc).
Day Phone #.

Social Security # of applicant
Male or Female or Unknown
Race: Enter one: 1 = White, 2 = Black, 3 = Am. Indian/Alaskan Native
              4 = Asian, 5 = Native Hawaiian or Pacific Islander;   0 = Other
Ethnicity: Enter 1 or Y for Hispanic/Latino or 2 or N for not Hispanic/Latino

Spouse Social Security #, if known

PART 4 – CRISIS DATA

Crisis application date.

Transmit data using F1, F2, or F8. If the next case number is entered, F8 must be used to transmit

PENDING A CASE KNOWN TO THE SYSTEM

```
EAP231            ENERGY ASSISTANCE PROGRAM - PENDING              10/27/03
PRES LOC: 760              CASE#: 760133096005            WKR: G998

== PART 1 = CLIENT DATA ==================================================
CLIENT LAST: COLD              FIRST: WEE           MIDDLE: BEE
SERVICE ADDR: 1122 WINDY CIRCLE          MAIL ADDR: GENERAL DELIVERY
CITY: RICH           ST: VA    ZIP-CODE: 23224-        PHONE: (703)213-4667
SSN : 226087318   SEX: M   RACE: 2   ETHNIC: 2        SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA ===============================================
LIVING ARRANGE: A    CITIZEN: A    60/OVER: N
DISABLED: Y    UNDER6: N    # IN HH: 02    PRIMARY FUEL: 1    EQUIP TYPE: E
MO INCOME: $00950.00    INC TYPES: FB
PA?: Y    MEDICAL: 01    MATRIX POINTS:
== PART 4 = CRISIS DATA ==================================================
CRISIS APPLICATION DATE: 11/03/2003   DISPOSITION DATE: 1 /27/03   DISP CODE: P1
                            NEXT CASE:




1M-Menu 2C-Menu 3       4       5       6       7       8Next   9       10Rstart
                Ins                        Pg=1 Row=16 Col= 58        MSGW POLL
```

Complete only the worker number and the Crisis Application date under Crisis Data. The information previously entered in the system will populate the screen. This information may need to be changed prior to determining eligibility.

UPDATING THE SYSTEM

```
EAP205          ENERGY ASSISTANCE SYSTEM -- CASE/CLIENT MENU      09/22/03
MON                                                               16:02:16
                              INQUIRY
        CASE NUMBER
                          - CASE/CLIENT
                          - CRISIS PAYMENT INQUIRY --------------->      (YEAR)
                          - MATRIX POINTS   (BLANK IF NO CASE NUMBER)
                          - PAYMENT HISTORY
                          - CREDIT AUTHORIZATION/ENROLLMENT LETTER INQUIRY
                          - CLIENT SOCIAL SECURITY NUMBER SEARCH
     LAST                 FIRST               MID INIT     -   CLIENT NAME SEARCH

                            UPDATE                      PID# FOR TD PRINT
     760133096005     - ADD OR CHANGE A CASE/CLIENT          000999
                      - FUEL DENY A CASE/CLIENT              000999
                      - CRISIS DENY A CASE/CLIENT            000999
                      - PEND A FUEL CASE                     000999
                      - PEND A CRISIS CASE
                      - PRINT TD              TERMINAL TO PRINT:

     NOTE: YOU ARE SIGNED ON TEST FOR FIPS 760 - RICHMOND        PID: 64145

1M-Menu 2        3        4        5        6        7        8        9        10SgnOff
```

An application can be pended, approved or denied at initial entry. Enter the case number of a pended, new or existing case/application under UPDATE next to ADD or CHANGE and enter the PID to print a Turnaround document, if desired. If no TD is wanted then enter 999, the field will zero fill.

TRANSMIT.

```
EAP213       CLIENT ADD/CHANGE         ACTIVE IN CLIENT MASTER FILE   09/22/0
MON                                                                   16:04:2
PRES LOC: 760          CASE#: 760133096005        WKR: G998

== PART 1 = CLIENT DATA ===========================================
CLIENT LAST: COLD            FIRST: WEE            MIDDLE: BEE
SERVICE ADDR:1122 WINDY CIRCLE         MAIL ADDR:GENERAL DELIVERY
CITY: RICH           ST: VA   ZIP-CODE: 23224      PHONE: (703)213-4567
SSN : 226087318  SEX: M  RACE: 2  ETHNIC: 2     SPOUSE SSN:

== PART 2 = HOUSEHOLD DATA ========================================
LIVING ARRANGE: A CITIZEN: A 60/OVER  : N  DISABLED  : Y
UNDER AGE 6: N  # IN HH: 02  PRIM FUEL: 1  EQUIP TYPE: E  MO INC: $00950.00
INC TYPES: FB         COUNTABLE INC:$00925.00      PA?: Y
MEDICAL DED: 01  ENERGY BURDEN: 041%  MATRIX POINTS:

                                      NEXT CASE #

1M-Menu 2C-Menu 3      4Fuel   5Crisis 6      7      8Next  9      10Rsta
```



```
EAP217     CRISIS ADD/CHANGE       ACTIVE IN CLIENT MASTER FILE   10/28/03
TUE                                                              17:39:24
PRES LOC: 760          CASE#: 760133096005        WKR: G998

== PART 4 = CRISIS ASSISTANCE =====================================
CRISIS APPL DATE: 10/28/2003   DISP DATE: 10/28/03    DISP CODE: ed
CRISIS BENEFIT: $0120.00 BILL/CK: $    .    AGY ISSU? N CK DATE:   /  /
CRISIS CODE: d    VENDOR#: 100392   PAY IND:      ACCT#: 0101010101222
ACCT LAST NAME: Cold              FIRST: Wee         M-INIT: B
SEC DEP TYPE:  1    HEAT WARRANTY YRS:    BEGIN DATE:   /     (MMYYYY)
CONFIRM AMT: $   .   TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $   .    OTHER CODE:       ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
    CRISIS CODE:                                                TOTAL
        BENEFIT:                                               0   .
           PAID:                                               0   .
      TO BE PAID:                                              0   .
                                      NEXT CASE #

1M-Menu 2C-Menu 3      4Fuel   5      6      7      8Next  9      10Rstart
```

DETERMINING ELIGIBILITY

Client Data was entered when case was pended.

PART 2 - HOUSEHOLD DATA to be entered if not already present:

Prim Fuel: Enter the appropriate code:
    0 = Red Kerosene   4 = Clear Kerosene
    1 = Electricity   5 = Coal
    2 = Nat Gas   6 = Wood
    3 = Fuel Oil   7 = L P Gas

PA? Enter Y or N for a TANF, Food Stamps, Medicaid, GR or SSI Case.

Medical Ded: (00 - 10); count once each aged or disabled in household.

Living Arrange: Enter appropriate code from application:

A = Homeowner, pays fuel bills	I = Roomer
B = Homeowner/renter no fuel bills	L = Lives in an ineligible facility or institution
C = Renter pays fuel bills	
E = Renter, fuel included in rent	P = Lives rent free in more than one room pays fuel bills
F = Subsidized Renter occasionally pays excess usage charges	Q = Temporarily lives in an emergency shelter
G = Subsidized renter regularly pays some fuel bills	

Citizen: Enter one of the following:
    A = HH members US citizens   B = HH contains eligible aliens
    C = HH has one or more ineligible aliens   D = HH of all ineligible aliens

60/over: Enter Y or N, **Disabled**: Enter Y or N, **Under Age 6**: Enter Y or N

 # in HH – enter 2 digit numbers, 01, 02, etc.

MO INC: enter gross amount using leading zeros.

Hit Function Key F5 to go to PART 4 – Crisis

Appl. Date: Enter date if case not pended**.**

Disp. Code: Enter ED to determine eligibility of the case.

Crisis Code: Enter code indicating type of assistance

Vendor: Use vendor list for locality. Ensure crisis code is indicated for vendor.

Acct # & Acct Name: Last Name, First & M. Init: Required for Fuel Types 1& 2.

Transmit using F1 or F8.

24

ELIGIBILITY DETERMINED – CASE DENIED

```
EAP217      CRISIS ADD/CHANGE        ACTIVE IN CLIENT MASTER FILE    10/28/03
TUE                                                                  18:05:07
PRES LOC: 760             CASE#: 760133096005           WKR: G998


== PART 4 = CRISIS ASSISTANCE ==============================================
CRISIS APPL DATE: 10/28/2003    DISP DATE: 10/28/03    DISP CODE: D8
CRISIS BENEFIT: $0000.00 BILL/CK: $     .    AGY ISSU? N CK DATE:    /   /
CRISIS CODE: D      VENDOR#: 100392    PAY IND:        ACCT#: 0101010101222
ACCT LAST NAME: Cold               FIRST: Wee            M-INIT: B
SEC DEP TYPE:  1      HEAT WARRANTY YRS:     BEGIN DATE:   /      (MMYYYY)
CONFIRM AMT: $     .      TOTAL BILL AMOUNT: $     .
OTHER PAID AMOUNT: $     .      OTHER CODE:          ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
   CRISIS CODE:      D                                            TOTAL
      BENEFIT:  0000.00                                             . 0
         PAID:  0    .                                              . 0
    TO BE PAID:      .00                                            . 0
                                              NEXT CASE #


1M-Menu 2C-Menu 3       4Fuel    5       6       7       8Next  9       10Rstart
```

System determines eligibility and enters an alpha numeric disposition code. This household applied for a security deposit and was denied because the system has record of a security deposit having been provided sometime in the past.

DENIAL – INITIAL ENTRY

Use this function when the application has not been pended and the reason for denial can not be determined by the system.

Enter case number and PID to access the short denial screen.

DI = Failed to provide income verification	DQ = Not responsible for heating bills or equipment
DJ = Member of another household	DR = Applicant's request
DK = Assistance available once per program year.	DS = Assistance offered would not alleviate crisis
DN = Other resources have met need	DT = Cooling Application received after deadline
DO = Requested assistance not offered	DU = Death of only eligible household member
DP = Moved or Unable to locate applicant	DV = Not a resident of this locality
	DW = Application already on file
	DY = Failed to provide non-financial verification

SHORT DENIAL ENTRY

This can be used for new cases, cases not activated or cases in "P" or "D" Status

Complete the following:

Worker ID

PART 1 - CLIENT INFO

Applicant legal name, no nicknames

Service Address: **Do not punctuate.**
Enter house number, street name and Apt #

Mailing address: Re-enter address or P O Box, General Delivery, RFD, etc)

Phone Number

MO Income : using leading zeros enter dollar amount

Enter the income codes (This is a new field. It is also a required field.)

Medical Ded: enter the number of people disabled or age 60 and over

Crisis application date

Disposition Code: reason for denial

F8 to complete the short denial

```
EAP217      CRISIS ADD/CHANGE        ACTIVE IN CLIENT MASTER FILE    10/29/03
WED                                                                  11:55:47
PRES LOC: 760          CASE#: 760133096005              WKR: G998

== PART 4 = CRISIS ASSISTANCE =============================================
CRISIS APPL DATE: 10/29/2003    DISP DATE: 10/29/03    DISP CODE: P1
CRISIS BENEFIT: $0000.00 BILL/CK: $    .    AGY ISSU? N CK DATE:    /  /
CRISIS CODE:        VENDOR#:          PAY IND:       ACCT#:
ACCT LAST NAME:               FIRST:              M-INIT:
SEC DEP TYPE:  1     HEAT WARRANTY YRS:    BEGIN DATE:    /      (MMYYYY)
CONFIRM AMT: $    .    TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .    OTHER CODE:        ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
   CRISIS CODE:                                        TOTAL
      BENEFIT:  0000.00                                      .0
         PAID:  0    .                                       .0
    TO BE PAID:     .00                                      .0
                                       NEXT CASE #

1M-Menu 2C-Menu 3     4Fuel   5      6      7      8Next   9      10Rstart
```

```
EAP217      CRISIS ADD/CHANGE        ACTIVE IN CLIENT MASTER FILE    10/29/03
WED                                                                  11:55:47
PRES LOC: 760          CASE#: 760133096005              WKR: G998

== PART 4 = CRISIS ASSISTANCE =============================================
CRISIS APPL DATE: 10/29/2003    DISP DATE: 10/29/03    DISP CODE: dy
CRISIS BENEFIT: $0000.00 BILL/CK: $    .    AGY ISSU? N CK DATE:    /  /
CRISIS CODE:        VENDOR#:          PAY IND:       ACCT#:
ACCT LAST NAME:               FIRST:              M-INIT:
SEC DEP TYPE:  1     HEAT WARRANTY YRS:    BEGIN DATE:    /      (MMYYYY)
CONFIRM AMT: $    .    TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .    OTHER CODE:        ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
   CRISIS CODE:                                        TOTAL
      BENEFIT:  0000.00                                      .0
         PAID:  0    .                                       .0
    TO BE PAID:     .00                                      .0
                                       NEXT CASE #

1M-Menu 2C-Menu 3     4Fuel   5      6      7      8Next   9      10Rstart
```

DENY PENDED APPLICATION

Enter case number in the Update section of the Case/Client Menu.

Transmit

Select F5 from the general screen of the case to get to the Crisis Add/Change screen to make a disposition.

Enter appropriate local denial code.

DI = Failed to provide income verification
DJ = Member of another household
DM = No Crisis Exist
DN = Other resources have met need
DO = Requested assistance not offered
DP = Moved or Unable to locate applicant
DQ = Not responsible for heating bills or equipment
DR = Applicant's request
DS = Assistance offered would not alleviate crisis
DT = Fuel Application received after deadline
DU = Death of only eligible household member
DV = Not a resident of this locality
DW = Application already on file
DY = Failed to provide non-financial verification

```
EAP217    INQUIRY-CRISIS        ACTIVE IN CLIENT MASTER FILE   10/29/03
WED                                                            12:56:19
PRES LOC: 760        CASE#: 760133096005         WKR: G998

== PART 4 = CRISIS ASSISTANCE =========================================
CRISIS APPL DATE: 10/29/2003   DISP DATE: 10/29/03    DISP CODE: A1
CRISIS BENEFIT: $0500.00 BILL/CK: $   .    AGY ISSU?   CK DATE:  / /
CRISIS CODE: A     VENDOR#: 100016    PAY IND:      ACCT#:
ACCT LAST NAME:            FIRST:              M-INIT:
SEC DEP TYPE:  1    HEAT WARRANTY YRS:   BEGIN DATE:  /     (MMYYYY)
CONFIRM AMT: $   .   TOTAL BILL AMOUNT: $   .
OTHER PAID AMOUNT: $    .    OTHER CODE:        ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
    CRISIS CODE:            A                          TOTAL
       BENEFIT:  0000.00 0500.00                       500.00
          PAID:  0    .   0   .                            .0
       TO BE PAID:     .00  500.00                      500.00
                                      NEXT CASE #



1M-Menu 2C-Menu 3Gen   4Fuel   5      6      7     8Next   9    10SgnOff
```

```
EAP217    CRISIS ADD/CHANGE     ACTIVE IN CLIENT MASTER FILE   10/29/03
WED                                                            13:09:53
PRES LOC: 760        CASE#: 760133096005         WKR: G998

== PART 4 = CRISIS ASSISTANCE =========================================
CRISIS APPL DATE: 10/29/2003   DISP DATE: 10/29/03    DISP CODE: A1
CRISIS BENEFIT: $0500.00 BILL/CK: $   .    AGY ISSU? N CK DATE:  / /
CRISIS CODE: A     VENDOR#: 100016    PAY IND:      ACCT#:
ACCT LAST NAME:            FIRST:              M-INIT:
SEC DEP TYPE:  1    HEAT WARRANTY YRS: 5  BEGIN DATE: 11/2003  (MMYYYY)
CONFIRM AMT: $0325.98 TOTAL BILL AMOUNT: $0325.98
OTHER PAID AMOUNT: $   .    OTHER CODE:        ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
    CRISIS CODE:            A                          TOTAL
       BENEFIT:  0000.00 0500.00                       500.00
          PAID:  0    .   0   .                            .0
       TO BE PAID:     .00  500.00                      500.00
                                      NEXT CASE #



1M-Menu 2C-Menu 3     4Fuel   5      6      7     8Next   9    10Rstart
```

PAYING THE BILL

:

Enter case number in the Update section of the Case/Client Menu. Transmit Select F5 from the general screen of the case to get to the Crisis Add/Change screen to pay the bill. Disposition is A1. Do not change. Vendor has returned CA with bill amount indicated or attached. Bills for heating equipment **MUST** be itemized.	Complete the following to pay the bill **Bill/Ck**: with leading zero enter dollar bill amount, e.g. 0325 then enter cents. DO NOT ENTER A DECIMAL. **Heat Warranty Yrs:** enter number of years for warranty (1-9 or 0 for ten or more)**.** **Begin Date: enter 2 digit month and 4 digit year for warranty** **Confirm Amount & Total Bill Amount:** Repeat bill/check amount entry.

TRANSMIT using F8 or F1

BILL REQUIRES CHANGE BEFORE PAYING

Vendor could not provide authorized service but did provide a service requiring payment.

```
EAP217    INQUIRY-CRISIS        ACTIVE IN CLIENT MASTER FILE   10/29/03
WED                                                            12:56:19
PRES LOC: 760         CASE#: 760133096005         WKR: G998

== PART 4 = CRISIS ASSISTANCE ====================================================
CRISIS APPL DATE: 10/29/2003   DISP DATE: 10/29/03    DISP CODE: A1
CRISIS BENEFIT: $0500.00 BILL/CK: $    .   AGY ISSU?   CK DATE:   /  /
CRISIS CODE: A    VENDOR#: 100016    PAY IND:     ACCT#:
ACCT LAST NAME:                 FIRST:            M-INIT:
SEC DEP TYPE:  1      HEAT WARRANTY YRS:    BEGIN DATE:   /      (MMYYYY)
CONFIRM AMT: $   .    TOTAL BILL AMOUNT: $   .
OTHER PAID AMOUNT: $   .     OTHER CODE:        ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
   CRISIS CODE:            A                          TOTAL
       BENEFIT:  0000.00 0500.00                      500.00
          PAID:  0   .   0   .                            .0
     TO BE PAID:        .00  500.00                   500.00
                                        NEXT CASE #

1M-Menu 2C-Menu 3Gen    4Fuel   5      6      7      8Next   9      10SgnOff
```

```
EAP217    INQUIRY-CRISIS        ACTIVE IN CLIENT MASTER FILE   10/29/03
WED                                                            13:51:41
PRES LOC: 760         CASE#: 760133096005         WKR: G998

== PART 4 = CRISIS ASSISTANCE ====================================================
CRISIS APPL DATE: 10/29/2003   DISP DATE: 10/29/03    DISP CODE: CX
CRISIS BENEFIT: $0000.00 BILL/CK: $    .   AGY ISSU?   CK DATE:   /  /
CRISIS CODE: A    VENDOR#: 100016    PAY IND:     ACCT#:
ACCT LAST NAME:                 FIRST:            M-INIT:
SEC DEP TYPE:  1      HEAT WARRANTY YRS:    BEGIN DATE:   /      (MMYYYY)
CONFIRM AMT: $   .    TOTAL BILL AMOUNT: $   .
OTHER PAID AMOUNT: $   .     OTHER CODE:        ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
   CRISIS CODE:            A                          TOTAL
       BENEFIT:  0000.00 0000.00                          .0
          PAID:  0   .   0   .                            .0
     TO BE PAID:        .00     .00                        .0
                                        NEXT CASE #

1M-Menu 2C-Menu 3Gen    4Fuel   5      6      7      8Next   9      10SgnOff
```

CA issued for repair. CA and itemized bill received for heating equipment purchase or a trip charge because repair could not be done.

Worker must close the repair authorization in order to pay the bill.

Enter **CX** in the disposition code field.

Transmit using F8. Continue to next page.

```
EAP217    CRISIS ADD/CHANGE      ACTIVE IN CLIENT MASTER FILE   10/29/03
WED                                                             17:06:31
PRES LOC: 760           CASE#: 760133096005            WKR: F998

== PART 4 = CRISIS ASSISTANCE ===========================================
CRISIS APPL DATE: 10/29/2003    DISP DATE: 10/29/03    DISP CODE: ED
CRISIS BENEFIT: $1052.43 BILL/CK: $    .    AGY ISSU? N CK DATE:   /  /
CRISIS CODE: B     VENDOR#: 100016    PAY IND:     ACCT#:
ACCT LAST NAME:             FIRST:              M-INIT:
SEC DEP TYPE:  1      HEAT WARRANTY YRS:     BEGIN DATE:   /     (MMYYYY)
CONFIRM AMT: $    .    TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .     OTHER CODE:        ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
    CRISIS CODE:        A       B                            TOTAL
        BENEFIT:   0000.00 0000.00 0000.00                       .0
           PAID:   0   .  0   .   0   .                          .0
      TO BE PAID:     .00     .00     .00                        .0
                                        NEXT CASE #

1M-Menu 2C-Menu 3     4Fuel  5      6       7      8Next  9     10Rstart
```

```
EAP217    CRISIS ADD/CHANGE      ACTIVE IN CLIENT MASTER FILE   10/30/03
THU                                                             15:20:34
PRES LOC: 760           CASE#: 760133096005            WKR: F998

== PART 4 = CRISIS ASSISTANCE ===========================================
CRISIS APPL DATE: 10/29/2003    DISP DATE: 10/30/03    DISP CODE: R4
CRISIS BENEFIT: $1052.43 BILL/CK: $    .    AGY ISSU? N CK DATE:   /  /
CRISIS CODE: B     VENDOR#: 100016    PAY IND:     ACCT#:
ACCT LAST NAME:             FIRST:              M-INIT:
SEC DEP TYPE:  1      HEAT WARRANTY YRS:     BEGIN DATE:   /     (MMYYYY)
CONFIRM AMT: $    .    TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .     OTHER CODE:        ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
    CRISIS CODE:        A       B                            TOTAL
        BENEFIT:   0000.00 0000.00 1052.43                   1052.43
           PAID:   0   .  0   .   0   .                          .0
      TO BE PAID:     .00     .00 1052.43                   1052.43
                                        NEXT CASE #

1M-Menu 2C-Menu 3     4Fuel  5      6       7      8Next  9     10Rstart
```

Once the disposition shows CX, enter the following:

Disp. Code: Enter ED to determine eligibility of the case.
Crisis Benefit: Enter exact amount of bill
Crisis Code: Enter appropriate code:
      B = purchase heating equipment
      R = Trip charge
      T = Supplement equip. or maintenance

NOTE: These transactions can occur same day.

The case will now show a disposition of R4. To pay the bill enter as follows:

Bill/Ck: with leading zero enter dollar bill amount, e.g. 1052 then enter cents. DO NOT ENTER A DECIMAL. This entry will not display.

Heat Warranty Yrs: enter number of years for warranty (1-9 or 0 for ten or more)**.**

Begin Date: enter 2 digit month and 4 digit year for warranty

Confirm Amount: Repeat bill/check amount entry

Total Bill Amount: Repeat bill/check amount entry.

Transmit using F8

OTHER RESOURCES USED TO ALLEVIATE CRISIS

```
EAP217     CRISIS ADD/CHANGE      ACTIVE IN CLIENT MASTER FILE   10/31/03
FRI                                                              10:30:20
PRES LOC: 760          CASE#: 760129096009            WKR: E001

== PART 4 = CRISIS ASSISTANCE =========================================
CRISIS APPL DATE: 10/30/2003   DISP DATE: 10/31/03   DISP CODE: R4
CRISIS BENEFIT: $0200.00 BILL/CK: $█    .    AGY ISSU? N CK DATE:   / /
CRISIS CODE: F    VENDOR#: 100130    PAY IND:    ACCT#:
ACCT LAST NAME:             FIRST:            M-INIT:
SEC DEP TYPE:       HEAT WARRANTY YRS:    BEGIN DATE:  /     (MMYYYY)
CONFIRM AMT: $    .    TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .     OTHER CODE:      ENERGY BURDEN: 046%
---PAYMENT SUMMARY---
    CRISIS CODE:    G      F                            TOTAL
       BENEFIT:  0098.00 0200.00                        298.00
          PAID:    98.00 0   .                           98.00
      TO BE PAID:     .00  200.00                        200.00
                                     NEXT CASE #

1M-Menu 2C-Menu 3    4Fuel  5      6      7      8Next  9     10Rstart
```
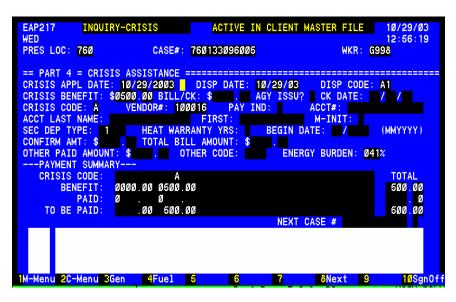
```
EAP217     CRISIS ADD/CHANGE      ACTIVE IN CLIENT MASTER FILE   10/31/03
FRI                                                              10:30:20
PRES LOC: 760          CASE#: 760129096009            WKR: E001

== PART 4 = CRISIS ASSISTANCE =========================================
CRISIS APPL DATE: 10/30/2003   DISP DATE: 10/31/03   DISP CODE: R4
CRISIS BENEFIT: $0200.00 BILL/CK: $    .    AGY ISSU? N CK DATE:   / /
CRISIS CODE: F    VENDOR#: 100130    PAY IND:    ACCT#:
ACCT LAST NAME:             FIRST:            M-INIT:
SEC DEP TYPE:       HEAT WARRANTY YRS:    BEGIN DATE:  /     (MMYYYY)
CONFIRM AMT: $0200.00 TOTAL BILL AMOUNT: $0420.51
OTHER PAID AMOUNT: $0220.51  OTHER CODE: B    ENERGY BURDEN: 046%
---PAYMENT SUMMARY---
    CRISIS CODE:    G      F                            TOTAL
       BENEFIT:  0098.00 0200.00                        298.00
          PAID:    98.00 0   .                           98.00
      TO BE PAID:     .00  200.00                        200.00
                                     NEXT CASE #

1M-Menu 2C-Menu 3    4Fuel  5      6      7      8Next  9     10Rstart
```

In this example the client needed emergency shelter for several days. Crisis can only pay up to $200. Other resources were needed before Crisis can pay.

At the time the bill from the shelter is paid the other resources used to cover full payment must be entered in the system. Complete as follows:

Bill/Ck: with leading zero enter dollar bill amount, e.g. 0200 then enter cents. DO NOT ENTER A DECIMAL. This entry will not display.
Confirm Amount: Repeat bill/check amount entry
Total Bill Amount: Enter total bill amount including money paid by other resources
Other Paid Amount: Enter the amount paid through other resources for this emergency.

Other Code: Enter the appropriate codes to indicate all the resources:
 A = Paid by Household Member
 B = Paid by Private Community Resource
 C = Paid by Public/Governmental Resource
 D = Paid by non-household member (individual

Transmit using F8

NOTE: Other resources are entered with the first of multiple payments. Enter amount of other resource one time only regardless of the number of crisis payments it will take to resolve the problem

MULTIPLE TYPES OF ASSISTANCE

```
EAP217     CRISIS ADD/CHANGE     ACTIVE IN CLIENT MASTER FILE   10/30/03
THU                                                            15:53:04
PRES LOC: 760         CASE#: 760129096009            WKR: E001

== PART 4 = CRISIS ASSISTANCE ============================================
CRISIS APPL DATE: 10/30/2003   DISP DATE: 10/30/03   DISP CODE: C0
CRISIS BENEFIT: $0000.00 BILL/CK: $     .    AGY ISSU? N CK DATE:   /  /
CRISIS CODE: G    VENDOR#: 100130    PAY IND:      ACCT#:
ACCT LAST NAME:              FIRST:              M-INIT:
SEC DEP TYPE:        HEAT WARRANTY YRS:     BEGIN DATE:   /     (MMYYYY)
CONFIRM AMT: $     .    TOTAL BILL AMOUNT: $     .
OTHER PAID AMOUNT: $     .   OTHER CODE:      ENERGY BURDEN: 046%
---PAYMENT SUMMARY---
    CRISIS CODE:      G                              TOTAL
       BENEFIT:   0098.00                            98.00
          PAID:     98.00                            98.00
      TO BE PAID:     .00                              .0
                              NEXT CASE #

1M-Menu 2C-Menu 3    4Fuel  5      6      7      8Next  9    10Rstart
```

```
EAP217     INQUIRY-CRISIS        ACTIVE IN CLIENT MASTER FILE   10/30/03
THU                                                            15:59:10
PRES LOC: 760         CASE#: 760129096009            WKR: E001

== PART 4 = CRISIS ASSISTANCE ============================================
CRISIS APPL DATE: 10/30/2003   DISP DATE: 10/30/03   DISP CODE: R4
CRISIS BENEFIT: $0200.00 BILL/CK: $     .    AGY ISSU? N CK DATE:   /  /
CRISIS CODE: F    VENDOR#: 100130    PAY IND:      ACCT#:
ACCT LAST NAME:              FIRST:              M-INIT:
SEC DEP TYPE:        HEAT WARRANTY YRS:     BEGIN DATE:   /     (MMYYYY)
CONFIRM AMT: $     .    TOTAL BILL AMOUNT: $     .
OTHER PAID AMOUNT: $     .   OTHER CODE:      ENERGY BURDEN: 046%
---PAYMENT SUMMARY---
    CRISIS CODE:      G        F                     TOTAL
       BENEFIT:   0098.00 0200.00                   298.00
          PAID:     98.00 0     .                    98.00
      TO BE PAID:     .00   200.00                  200.00
                              NEXT CASE #

1M-Menu 2C-Menu 3Gen  4Fuel  5      6      7      8Next  9    10SgnOff
```

Applicant applied for 2 types of assistance.

Only one type of assistance can be provided at a time. Case must be approved, CA issued, CA/bill returned and paid before another type of assistance can be provided.

In this example one bill has been paid and case closed by the system.

To provide another type of assistance complete the following:
Disp. Code: Enter ED to determine eligibility of the case.
Crisis Benefit: Enter exact amount for type of assistance requested if known.
    A = Repair Heating Equipment   R = Trip Charge
    B = Purchase Heating Equipment   T = Accessories/Maintenance
    D = Security Deposit   W = Oil, Kero, LP, coal & wood
    F = Portable Space heater   X = Electricity or Natural gas
Vendor: Select from the vendor list for locality, if necessary.
Acct #: Required for codes D and X, security deposit and utility bills.
Acct Last Name, First & M. Init: Required for X, utility bill & D, security deposit.
Sec Dep Type: Put code 1, electricity in position 2; code 2, natural gas in position 3 and code 7, propane in position 5 when assistance is for a security deposit.

Transmit using F8.

The case is now in R4 status. Upon return of the bill complete the following:

Bill/Ck: with leading zero enter dollar bill amount, e.g. 0200 then enter cents. DO NOT ENTER A DECIMAL. This entry will not display.
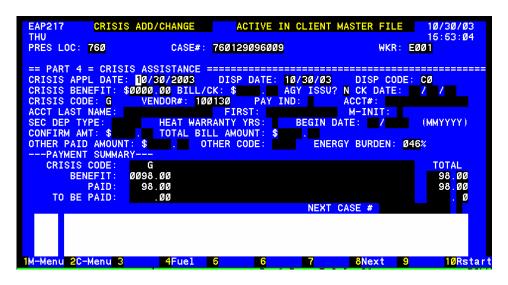
Confirm Amount: Repeat bill/check amount entry

Total Bill Amount: Repeat bill/check amount entry.

Transmit using F8

```
EAP217    CRISIS ADD/CHANGE      ACTIVE IN CLIENT MASTER FILE    10/30/03
THU                                                              18:01:16
PRES LOC: 760        CASE#: 760133096005           WKR: F998

== PART 4 = CRISIS ASSISTANCE =============================================
CRISIS APPL DATE: 10/29/2003   DISP DATE: 10/30/03   DISP CODE: C0
CRISIS BENEFIT: $0000.00 BILL/CK: $    .    AGY ISSU? N CK DATE:    /  /
CRISIS CODE: B    VENDOR#: 100016    PAY IND:     ACCT#:
ACCT LAST NAME:              FIRST:              M-INIT:
SEC DEP TYPE:  1    HEAT WARRANTY YRS: 0   BEGIN DATE: 10/2003  (MMYYYY)
CONFIRM AMT: $    .    TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .    OTHER CODE:      ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
   CRISIS CODE:           A        B                        TOTAL
      BENEFIT:   0000.00 0000.00 1052.43                   1052.43
         PAID:    0   .   0   .   1052.43                  1052.43
    TO BE PAID:     .00      .00      .00                       .0
                                    NEXT CASE #

1M-Menu 2C-Menu 3    4Fuel  5      6      7      8Next  9      10Rstart
```
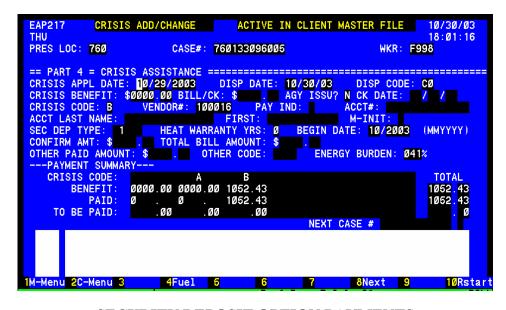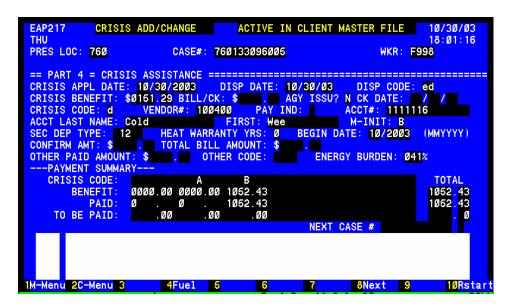
SECURITY DEPOSIT OPTION PAYMENTS

This case has been paid and closed by the system.

The case now needs a security deposit. The vendor is an option vendor who will waive the security deposit for our customers.

A credit authorization is issued but no check is issued to a Security Deposit Option Vendor and the case is automatically closed by the system.

```
EAP217    CRISIS ADD/CHANGE      ACTIVE IN CLIENT MASTER FILE    10/30/03
THU                                                              18:01:16
PRES LOC: 760        CASE#: 760133096005           WKR: F998

== PART 4 = CRISIS ASSISTANCE =============================================
CRISIS APPL DATE: 10/30/2003   DISP DATE: 10/30/03   DISP CODE: ed
CRISIS BENEFIT: $0151.29 BILL/CK: $    .    AGY ISSU? N CK DATE:    /  /
CRISIS CODE: d    VENDOR#: 100400    PAY IND:     ACCT#: 1111116
ACCT LAST NAME: Cold            FIRST: Wee         M-INIT: B
SEC DEP TYPE:  12    HEAT WARRANTY YRS: 0   BEGIN DATE: 10/2003  (MMYYYY)
CONFIRM AMT: $    .    TOTAL BILL AMOUNT: $    .
OTHER PAID AMOUNT: $    .    OTHER CODE:      ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
   CRISIS CODE:           A        B                        TOTAL
      BENEFIT:   0000.00 0000.00 1052.43                   1052.43
         PAID:    0   .   0   .   1052.43                  1052.43
    TO BE PAID:     .00      .00      .00                       .0
                                    NEXT CASE #

1M-Menu 2C-Menu 3    4Fuel  5      6      7      8Next  9      10Rstart
```

Approving & Paying Security Deposit Option Cases

Complete the following fields:

Application Date:

Disposition Code: enter ED

Crisis Benefit: the exact amount of the deposit must be entered

Enter Correct Vendor Number: Check approved vendor list
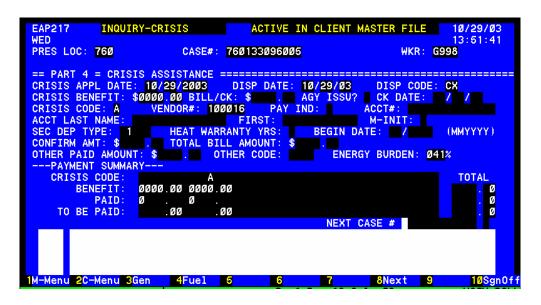
Crisis Code: enter D

Account Number: use verified account number

Account Name: must be a household member's name

Security Deposit Type: enter code 1, electricity in position 2 or code 2, natural gas in position 3

```
EAP217      INQUIRY-CRISIS           ACTIVE IN CLIENT MASTER FILE    10/29/03
WED                                                                  13:51:41
PRES LOC: 760            CASE#: 760133096005              WKR: G998

== PART 4 = CRISIS ASSISTANCE =================================================
CRISIS APPL DATE: 10/29/2003    DISP DATE: 10/29/03    DISP CODE: CX
CRISIS BENEFIT: $0000.00 BILL/CK: $     .     AGY ISSU?   CK DATE:   /  /
CRISIS CODE: A      VENDOR#: 100016    PAY IND:         ACCT#:
ACCT LAST NAME:                  FIRST:                M-INIT:
SEC DEP TYPE:  1       HEAT WARRANTY YRS:      BEGIN DATE:   /       (MMYYYY)
CONFIRM AMT: $      .      TOTAL BILL AMOUNT: $      .
OTHER PAID AMOUNT: $     .      OTHER CODE:         ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
     CRISIS CODE:              A                               TOTAL
         BENEFIT:  0000.00 0000.00                              . 0
            PAID:  0    .    0    .                             . 0
      TO BE PAID:        .00        .00                         . 0
                                          NEXT CASE #


1M-Menu 2C-Menu 3Gen    4Fuel   5        6        7        8Next   9       10SgnOff
```

Case closed ready for same day change. No notice is generated to the customer.

Credit authorization returned and requested assistance not provided.   Use disposition code CX.. Enter the case number at the bottom of the screen in order to re-access this case. Press the F8 key. The case will be closed and you will see the general screen for the case again. Press the F5 key for the crisis screen. Complete the **appropriate** following transaction:

Enter "ED", the system will determine eligibility of the case.

To pay trip charge, enter exact amount of bill not to exceed $50.00. Change crisis code "A" to code "R".

To Change Type of Assistance and/or Vendor -Enter maximum benefit amount for new type of assistance (change crisis code from "A" to "F" or "G" **or** "X" to "W". Enter the new vendor number.

Transmit using F1 or F8 for new credit authorization issuance.